DOCUMENT RESUME

ED 477 971 EC 309 649

AUTHOR	Salisbury, Christine
TITLE	Interagency Planning and Support Project. Final Report.
INSTITUTION	Erikson Inst. for Advanced Study in Child Development, Chicago, IL.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	2003-03-06
NOTE	233p.; Compiled with assistance from Patricia Husband and Wayne Crawford.
CONTRACT	H024B980400
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01/PC10 Plus Postage.
DESCRIPTORS	*Administrative Organization; *Agency Cooperation; Community Programs; *Disabilities; Early Childhood Education; Early Intervention; *Educational Cooperation; Human Services; Infants; *Integrated Services; Policy Formation; Preschool Education; Program Development; *Systems Approach; Team Training; Teamwork; Toddlers; Young Children
IDENTIFIERS	Illinois

ABSTRACT

This final report describes the activities and outcomes of a federally funded project designed to develop, implement, and evaluate a systemically oriented process model for improving the coordination of education and human services for young children with identified disabilities and their families at the local level. The project developed and used materials to teach participants the procedures necessary to develop a cross-agency, merged planning document (CSP) and conduct a family-centered, collaboratively oriented planning meeting. Development procedures used by the project included regular state-local meetings between state/regional administrators and representatives of the participating local agencies. These meetings illuminated policy barriers to systemic change and created venues within which solutions could be recommended. Software housing the district's Intranet database included the CSP and mechanisms for Internet access to the document. Training on access, security, entry, and editing functions through the Internet were conducted by the project with agency personnel. Finally, targeted technical assistance directed at specific implementation issues was used, in conjunction with staff training, to support adoption and utilization of the CSP document and planning process. Substantive changes occurred in agency policies and procedures, the nature of the planning documents and process, the knowledge/skills of providers, and the penetration of the changes throughout the community. In addition, co-location of personnel, blended funding to support children/families, and joint training sessions emerged and were used as mechanisms for improving communication and coordination across agencies. Appended are: Collaborative Support Plan and Related Materials; Products and Dissemination Samples; Evaluation Measures and Data Tables; and Policy Documents and Other Project Material. (Contains 27 references.) (Author/SG)

POOR PRINT QUALITY

Pgs 196 - 201

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ED 477 971

FINAL REPORT

Interagency Planning and Support Project

Office of Special Education Programs
U.S. Department of Education
CFDA 84.024B
H324M980400

Submitted by

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Principal Investigator

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March 6, 2003

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INTERAGENCY PLANNING AND SUPPORT PROJECT

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UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
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Approval Notice
Initial Review - Expedited Review

May 15, 2001

Christine Salisbury, Ph.D.
Professor, Education, Child & Family Development Center
1640 W. Roosevelt Rd., M/C 628
Phone: 312-413-1563
Fax: 312-996-5651

RE: Research Protocol #2001-0146
"Interagency Planning and Support Project"

Dear Dr. Salisbury:

Members of Institutional Review Board (IRB) #2 conducted an initial review of your research protocol under expedited review procedures on April 17, 2001 and requested modifications. Your April 25, 2001 response was reviewed on May 11, 2001 under expedited review procedures [45 CFR 46.110(b)(2)] and was determined to be acceptable. Your research is now approved. Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific category(ies):

(5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

You may now begin your research and enroll subjects. Please note the following information about your approved research:

- Approval date: May 11, 2001

- Expiration date: May 10, 2002
- Consent form: Interagency Planning and Support Project Parent Consent Form; Interagency Planning and Support Project Provider Consent Form
- Recruiting material: None
- Research Protocol: Interagency Planning and Support Project (Version April 5, 2001)
- Sponsor: US Department of Education
- Subject enrollment: 100
- Performance sites: Community of Independence, MO

Please be sure to:

→ Use your research protocol number (listed above) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements in the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

The UIC IRB has the right to obtain further information and may require modification to research protocols.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact me at 312-413-8457 or the OPRS staff at 312-996-1711. Please send any correspondence about this protocol to OPRS at 203 AOB, m/c 672.

Sincerely,

Mary Rutz

Mary Rutz, M.A.
Assistant Director, IRB #2
Office for Protection of Research Subjects

Enclosure(s): (1) UIC Investigator Responsibilities, Protection of Human Research Subjects
(2) Consent form(s): Interagency Planning and Support Project Parent Consent Form; Interagency Planning and Support Project Provider Consent Form
(3) 310 Form

cc: Victoria Chou, Ph.D., Dean, College of Education, M/C 147

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A GRADUATE SCHOOL IN CHILD DEVELOPMENT

Founded by Irving B. Harris

October 17 , 2000

Re: File Number 00-015-3

Dr. Christine Salisbury
Erikson Institute
420 North Wabash Avenue
Chicago, IL. 60611

PROJECT INVESTIGATOR: Christine Salisbury, Ph.D.

PROPOSAL TITLE: Interagency Planning and Support Project

TYPE OF REVIEW: Full

Dear Dr.Salisbury:

The Erikson Institute Institutional Review Board for the Protection of Human Subjects has reviewed your application for full review of your research study, *Interagency Planning and Support Project*. After careful examination of your application the committee has determined independently that the rights and welfare of the individual subjects involved in this research are carefully guarded. Furthermore, the methods used to obtain informed consent are appropriate, and the individuals involved are not at risk.

Approval is granted for twelve months from the date of this letter. You will be contacted in eleven months to determine if this research study is still on going. If it is, you will be asked to submit documentation regarding the status of your research involving human subjects. Prior to the termination of this 12-month period of approval if you alter the study in any way that may place human subjects at risk you are required to inform the EI-IRB committee.

On behalf of the committee I want take this opportunity to wish you and your colleagues success in the conduct of your research.

Sincerely,

Aisha Ray

Aisha Ray, Ph.D.
Chair, Institutional Review Board for
the Protection of Human Subjects

file: Salisbury 00-015-3

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November 17, 1998

Dr. Christine Salisbury
Child and Family Studies Program
One Allegheny Center
Suite 510
Pittsburgh, PA 15212

Dear Dr. Salisbury:

I have reviewed the research application that you recently submitted. Please be advised that I approve your research project entitled **"Interagency Planning and Support Project."**

This office will contact you in six months to review progress of your research as required by state regulation. Please remember that when your project is complete, a final report of research results is also required.

Good luck with your project.

Sincerely,

Joseph Parks, M.D.
Deputy Director of Psychiatry

JP:abj

cc: Research File #9909.07
Dr. Niels C. Beck
E. Wayne Crawford

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ROY C. WILSON, M.D.
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E. Wayne Crawford

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II. Abstract

Interagency Planning and Support Project
(IPSP)

Christine Salisbury, Ph.D. Project Director
Deborah Marlowe Wayne Crawford Co-Directors
Patricia Husband Coordinator

The Interagency Planning and Support Project was funded to develop, implement, and evaluate a systemically oriented process model for improving the coordination of education and human services for young children with identified disabilities and their families at the local level. The process was implemented in a metropolitan community in the Midwest. The participants included parents of children between birth and 8 years of age who were eligible for special education and related services under IDEA, Parts B and C, agency personnel who provided supports to the children and families, and agency administrators at the local and regional level.

The goals, components, and activities of IPSP focused on:

- developing and implementing a process for integrating program plans from multiple agencies into a single planning document (termed a Collaborative Support Plan, CSP) that could be used by each agency and across the lifespan of the child;
- developing, implementing, and evaluating a program planning process to support the development of the CSP;
- the application of a state-local feedback loop process for addressing policy implementation barriers at the local level;
- developing secure, web-based access to the CSP document for all agencies involved on a child's team;
- use of a cross-agency training approach; and
- applying multiple measures in the evaluation of this model's implementation

The IPSP developed and used materials to teach direct service providers, administrators, and staff development personnel the procedures necessary to develop a cross-agency, merged planning document (CSP) and conduct a family-centered, collaboratively oriented planning meeting. Development procedures used by the project included regular state-local meetings between state/regional administrators and representatives of the participating local agencies. These meetings illuminated policy barriers to systemic change and created venues within which solutions could be recommended. Software housing the District's intranet data base included the CSP and mechanisms for internet access to the document. Training on access, security, entry, and editing functions through the internet were conducted by the project with agency personnel. Finally, targeted technical assistance directed at specific implementation issues was used, in conjunction with staff trainings, to support adoption and utilization of the CSP document and planning process. Particular emphasis was placed on "collaboration" and the difficulties encountered by personnel in moving from cooperation, to coordination, to the level of collaboration.

Several issues affected the length of the development process and consequently the amount of time full-scale implementation could be assessed. The project had approximately 12 months of implementation time using final versions of the document and process. This amount of time proved sufficient for some measures to show change, while for other measures this amount of time was insufficient. Sources of data included: observation of meeting dynamics, feedback from meeting participants, program plan analysis, provider, and parent surveys, surveillance calls to parents on implementation of the plan, documentation of policy shifts, procedural changes, and structural shifts in the system. Core data were collected prior to the CSP meeting, during the meeting, and at regular intervals from the families subsequent to the meeting from 37 families, 48 providers, and on 24 CSP meetings. Project level development logs were used to chronicle efforts, events, challenges, remediation efforts, and lessons learned.

Substantive changes occurred in agency policies and procedures, the nature of the planning documents and processes, the knowledge/skills of providers using the CSP document and process, and the penetration of the changes throughout the community. In addition, co-location of personnel, blended funding to support children/families, and joint training sessions emerged and were used as mechanisms for improving communication and coordination across agencies.

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Appendix A: Collaborative Support Plan and Related Materials

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IV. Goals and Objectives of the Project

Goal 1: Develop and demonstrate a collaborative model of Interagency Planning and Support among early intervention and public school personnel, parents, human services professionals and administrators to improve the planning and delivery of services and supports to young children with identified disabilities and their families.

Objective 1.1: Plan and develop strategies for promoting the adoption of the IPSP.

Objective 1.2: Develop and implement strategies to promote communication, collaboration, and implementation of the model across settings.

Objective 1.3: Identify and address policy and procedural challenges to implementation of the PPSM model using state partners as sources of support/input.

Objective 1.4: Create mechanisms for on-going communication among participants to address implementation challenges

GOAL 2.0: Demonstrate how the model can be used successfully to promote collaborative planning and service delivery

Objective 2.1: Demonstrate the IPS approach to the identification of child and family needs to design a comprehensive support plan across a range of settings

Objective 2.2: Demonstrate the model's utility through replication within the district

Objective 2.3: Replicate the IPS model in Pennsylvania

Objective 2.4: Refine process and materials as needed

GOAL 3.0: Develop a replicable model demonstration process that can be used by educational and human service agencies to address the planning and support needs of young children with identified disabilities and their families

Objective 3.1: Conduct public awareness activities designed to increase both the visibility of the project and the awareness and use of the project-developed strategies.

Objective 3.2: Make available to other professionals information about the project as a means of increasing the likelihood of widespread use of project methods and materials.

Objective 3.3: Serve as a resource site for others to replicate the model in other communities.

GOAL 4.0: Evaluate activities of the model demonstration project.

Objective 4.1: Assess transformational changes for families, professionals, and support systems.

Objective 4.2: Evaluate perceptions of the consumers .

Objective 4.3: Evaluate costs of collaborative and integrated planning.

Objective 4.4: Evaluate child outcomes.

V. Conceptual Framework for the Project

The IPSP model reflects an ecological, systems perspective (Bronfenbrenner, 1979) with attention to both the process and nature of changes needed to promote individual and organizational level adoption and utilization. The systems perspective provides a basis for examining the interdependence of individual, agency, community, and state factors as contributors or obstacles to change. Drawing upon previous work on educational reform and systems change in special education contexts (Fullan, 1998; Salisbury, Strieker, Roach, & McGregor, 2002), we designed a systemically oriented, multi-component model that we reasoned might improve the planning and delivery of intervention and support services at the local level, and ultimately improve child and family outcomes.

Children do not exist in isolation. They function as members of interdependent systems within the family, school, and community. Forces and supports in each system and environment influence the child's behavior (Bronfenbrenner, 1979). Placing the child within an ecological context, it then becomes clear that the child's performance in early education settings will be affected, in large part, by what transpires at home, in educational settings, and in the community at large. Each context affects and is affected by a number of other parts of the system. That interdependency is graphically apparent when one works on behalf of families whose needs straddle multiple systems, who are simultaneously affected by differing policies and procedures, and whose life circumstances are not static. The most effective response help-givers can mount to support children and families is one which considers the best of what is known about designing collaborative systems and delivering high quality services and supports.

Elements of high quality, comprehensive service systems. The school-linked services literature describes arrangements where available human services in a community are brought together in a fully integrated, "seamless" system that wraps around the child and family by using a single contact person who functions as a broker and coordinator. As Kagan and Neville (1993)

note, long term dependency on social service systems can be reduced under such systems and costs are held to a minimum because of enhanced resource sharing and coordination.

Several authors have identified core elements for a high quality comprehensive service system (Kagan & Neville, 1993; Melaville & Blank, 1991; Skrtic et al., 1994). First, there should be a sufficient array of prevention, treatment, and support services available in the community. Second, comprehensive service delivery must ensure that children and families actually receive the services they need and that services are open and accessible. Third, systems must focus on the whole family. Individual family members experience different needs. Left unattended or partially met, the problems can compound for all. Fourth, high quality services must empower children and families. That is, substantive involvement in a way that brings families into the center, rather than the periphery of the process, is crucial if families are to be supported in mobilizing resources to meet their needs and those of their child (Bailey, 1987; Dunst, Trivette, & Deal, 1988; Salisbury & Dunst, 2002). Finally, the effectiveness of support services must be measured by the impact those services have on the lives of the children and families. Only then can we be assured that our efforts to transform systems have met their mark.

Elements of successful collaboration. Effective collaboration at the individual level is best when communication, trust, and shared ownership for generating and implementing solutions is evident (Villa & Thousand, 1995; Villa, Thousand, Nevin, & Malgeri, 1996). These same indicators of success permeate the literature on organizational collaboration, although in that literature they are framed as process and structure characteristics. Empirical evidence exists (Ashbaugh, 1994; Kimmich, 1994; Mattessich & Monsey, 1992) that identifies 8 characteristics as most frequently associated with successful collaborations: (1) history of collaboration or cooperation in the community; (2) mutual respect, understanding, and trust; (3) appropriate cross-section of members; (4) members see collaboration in their own interests; (5) members share a stake in both the process and outcome of collaboration; (6) decisions involve individuals at multiple layers of the organization; (7) communication is open and frequent; and (8) there are

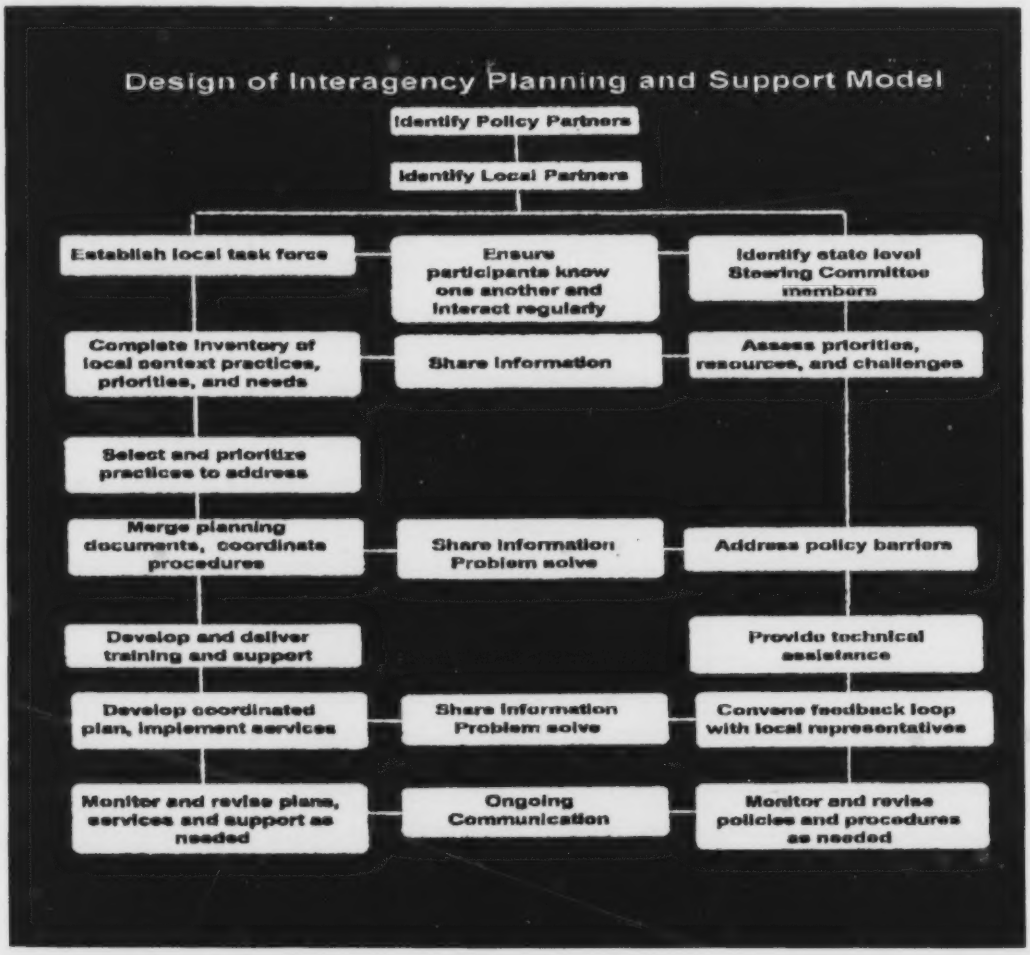
established informal and formal communication links among collaborating partners. Collectively, these principles represent practices that are consistent with those in the field of early childhood intervention (cf., Campbell, 1995; DEC Task Force on Recommended Practices, 1993; Odom, McLean, Johnson, & LaMontagne, 1995) and which were part of the ISPS model.

Elements associated with successful change efforts. Thematically similar, though complementary, insights emerge from an examination of educational reform literature. Derived from both empirical and conceptual works (Cuban, 1990; Englert & Tarrant, 1995; Fullan & Miles, 1992), the literature suggests the following as major elements related to successful change initiatives: (1) development of a collaborative community requires negotiation of new roles; (2) diversity among participants is an asset that can contribute to a knowledge construction process; (3) change will take time; (4) change involves risk-taking and requires leadership; (5) size of a project may influence the amount of collaboration possible; and (6) tolerance for uncertainty, change, and divergent perspectives are important ground rules for creating communities *in practice.* These "lessons learned" have been incorporated into important ground rules for creating communities *in practice.* These "lessons learned" were incorporated into the IPSP model.

VI. Description of the Model and Participants

Model

Figure 1 depicts the design of the IPSP model and illustrates how we focused on influencing policies, structures, and practices in our efforts to develop, implement, and evaluate a systemically oriented, service coordination model.


Design of Interagency Planning and Support Model
Identify Policy Partners
Identify Local Partners
Establish local task force
Ensure participants know one another and interact regularly
Identify state level Steering Committee members
Complete inventory of local context practices, priorities, and needs
Share information
Assess priorities, resources, and challenges
Select and prioritize practices to address
Merge planning documents, coordinate procedures
Share information Problem solve
Address policy barriers
Develop and deliver training and support
Provide technical assistance
Develop coordinated plan, implement services
Share information Problem solve
Convene feedback loop with local representatives
Monitor and revise plans, services and support as needed
Ongoing Communication
Monitor and revise policies and procedures as needed

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The IPSP change model is comprised of six components designed to improve the way in which agencies plan and deliver services to young children with disabilities and their families.

- ✓ Integrated program plan. Program plans from several agencies are merged into a single plan;
- ✓ Integrated program planning process. The various meeting processes (e.g., person centered planning, essential lifestyle planning, McGill Action Planning System (MAPS)) are integrated into a commonly implemented meeting approach;
- ✓ State-local feedback loop. State, regional, and local agency representatives address policy-linked, implementation challenges at regular intervals;
- ✓ Technological interface across agencies. The integrated program plan is made accessible on the web to parents and professional team members for review and updating;
- ✓ Collaborative Training. Cross-agency trainings are held to develop knowledge and skills among providers, with trainers coming from at least 2 different agencies;
- ✓ Comprehensive impact evaluation. Information is gathered and shared for decision making and program improvement.

Participants and Context

The project was developed in partnership with an economically poor, predominantly white, metropolitan school district serving 11,800 students in the greater Kansas City area. Representatives from 7 health and human service agencies (mental health, family services, vocational education, juvenile justice, early intervention, psychiatric services, health) in that district's local community, and parents of children with identified disabilities between the ages of birth and 8 years participated with us as partners. Our initial efforts were focused on coordinating the services of agencies that had shared responsibility for the same children. An initial pool of 163 children between the ages of birth and 8 years who were evaluated as evidencing a significant developmental delay or identified disability were included as potential participants from across the partner agencies. Prior to collecting data about children, families, or

providers, we obtained informed consent from parents and providers using an approved human subjects research protocol. Those parents (n=35) and providers (n=47) who consented to data collection served, in total, as the sample for our evaluation of the IPSP model.

Model Development Procedures

Conceptually, the integrated program plan was envisioned as a strategy for improving local service planning and delivery. Specifically, we reasoned that a single document that replaced the program plans of various agencies involved with the same child/family could create a more coherent and coordinated arena within which services to children and families could be planned and delivered. The core principles of this strategy reflected both recommended practices and policy requirements of early intervention writ large (i.e., individualization, family centered practices, and collaboration) (Sandall, McLean, & Smith, 2000). Steps in the development process described below helped move the concept to reality over a period of approximately 36 months.

Getting started. An ecological inventory of agencies, stakeholders, practices, policies, and extant models was undertaken to "get the lay of the land". This information helped us formulate subsequent activities by informing us of salient histories, potential obstacles, important assets/resources, policy issues, and the relative benefits of previous state and local approaches. We used our inventory data to plan and convene a meeting of key administrators from both the state and local level to obtain administrative buy-in for the project. Using a structured process with an external facilitator, we identified with these administrators their priorities for change, prior strategies that worked and those that didn't, and areas in which "quick fixes" could occur.

Three important outcomes emerged from this meeting with 44 state and local administrators. First, specific "quick fixes" were identified to address problems in interagency

communication and coordination (e.g., co-location of personnel; clarification of eligibility criteria and missions). Second, the administrators collectively agreed that the work of this funded project, and the notion of an integrated program plan, should be a key activity for the region. This endorsement paved the way for later policy and procedural changes within partner agencies. Finally, administrators agreed to identify and empower designees from their agencies to serve on a local task force. The task force would be the "work horse" for implementing changes at the local/regional level. The slide below depicts the members of the local task force.

Parents were included in the development process in four ways. First, a parent of a child with a disability served as a core member of the local task force. Her input on what was "real" for parents helped ground our deliberations and make the CSP an accessible product. Second, draft documents were reviewed by the District's Special Education Parent Advisory Group, and their comments integrated into our revisions. Third, parents co-presented with project staff at three national conferences. Their involvement in representing this project's work helped audiences understand the merit of the approach. Finally, parents participated in the evaluation of this project's work. We invited them to help us interpret our data and included their voice in the measures used to evaluate the CSP and its planning process.

The development and utility of this innovative strategy is described below.

Partners

- Parents
- School District of Independence MO.
- Department of Mental Health
- DESE/First Steps
- Department of Health
- Division of Family Services
- Division of Vocational Rehabilitation
- Jackson County Board of Services
- Department of Juvenile Justice

Integrating Program Plans. The local task force met monthly to design workable procedures for implementing the "quick fixes" identified at the administrators meeting, and to develop the integrated program plan. The half-day meetings initially were used to share information about missions, funding, philosophy, credentialing requirements and staffing, eligibility criteria, constituents, organization and service procedures, and regulatory requirements to issues more directly related to the integration of program plans. These foundational discussions helped build a common base of understanding, improve communication, and establish trust among the participants. The role of the project was to model effective meeting process, arbitrate, facilitate the work scope, and foster collaboration among groups who previously had little, no, or contentious histories.

When we began the real work of integrating program plans, each task force member was asked to provide a copy of his/her organization's plan (ITP, IPP, IEP, IFSP, IHP, IVP) and a description of their "must haves" (regulatory, procedural, and process requirements). Over a period of 16 months task force members "ground through" the process of identifying the common elements of the various program plans, their non-negotiables, and ways in which the plans could be integrated into a single, coherent document.

A draft of the integrated program plan emerged by the 9-month mark. The document was termed a Collaborative Support Plan (CSP). Administrators from each partner agency reviewed subsequent iterations of this document during its development to ensure compliance with regulatory requirements in their respective agencies. Procedural obstacles were raised during annual feedback loop sessions between state and local representatives. Policy and procedural barriers were addressed primarily by the designees and administrators of partner agencies. Designees to the local task force assumed responsibility for reporting back at regular intervals until the barrier had either been addressed or an alternative had been identified. Feedback loop sessions were useful venues for briefing administrators and making explicit the link between the work of the local task force and policies at the regional and state level. A final draft of the document was submitted to OSEP, Office of Monitoring and Compliance, for review against then recent amendments to IDEA. Revisions were made in the CSP document to align with their feedback. The CSP contains information in the following areas: demographics about the child and family; assessment findings and source information; description of nature, frequency, provider, and funding for identified services and supports; statements of measurable objectives and methods for delivering and evaluating services; and listing of team members with email and phone contact information. A copy of the CSP (completed for a fictitious child/family) is included in Appendix A.

Integrating Planning Processes. Once a draft of the CSP was developed, the local task force reviewed the various planning processes used by the local partners (e.g., Essential Lifestyle Planning; Person Centered Planning; MAPS). The essential elements of each approach were identified and merged through consensus to create a single meeting process that all partner agencies agreed to adopt. As part of this discussion, procedural details related to who convenes

CSP meetings, what information is shared at what time and with whom, what releases are needed by which agencies, and so on, were addressed and solidified in writing in the form of a User's Guide (Salisbury, Marlowe, Crawford, & Anthony, 1998). Lawyers for the district and the agencies reviewed language related to release of information. OSEP's legal department was consulted and offered language that was felt to be sufficient to enable cross-agency sharing of information. [Note: The development of the CSP takes into account the Health Information Privacy and Accountability Act, HIPAA].

Web-based Access. Concurrent with the integration of the program plans and planning processes by the local task force members, the school district engaged a software developer to design a web-based system for tracking and reporting student data for the district. This developer was asked to create a set of fields in the Fox Pro application that would allow team members from within and outside the district to enter, edit, and read a child's CSP through the Internet. Through Internet access, parents, providers, teachers, and other team members could access the CSP document 24 hours a day, 7 days a week. The primary service coordinator (the individual who convenes the team and chairs the CSP meeting) was responsible for placing the CSP on the web site, contacting the district to get the team members' social security numbers into a central data-base, and providing the family with a hard copy of the final CSP. Access to the document is protected by multi-level security system that ensures protection of confidentiality. Team members had differing levels of access to the CSP depending upon their roles and responsibilities on the team. The primary service coordinator could read and edit the document, team members providing direct services/supports and families had access to the read and add function, and team members not providing direct services/support could read-only.

Promoting Adoption and Utilization

A tiered system of training and technical assistance was developed to promote buy-in and support across levels of the system, and to enhance the likelihood of successful implementation. Products described below are included in Appendix B.

Training materials. Training materials were developed to ensure fidelity of implementation across agencies. The CSP User's Guide (Salisbury, et al., 1998) included the conceptual and philosophical background of the model approach, CSP document components, CSP planning process and procedures for collaborative service delivery, the technology for web-based access and use, sample documents, and a glossary of agency terms. In addition, the CSP Facilitator's Guide (Salisbury, Anthony, Crawford, & Whittaker, 1998) was developed to address the on-going needs of agencies for refresher in-services and/or for use with new hires.

Administrative Briefings. An executive summary was developed to provide essential information about the CSP and its related procedures so that key personnel were informed and felt that they were positioned to respond to general policy and procedural issues that might arise during implementation. This summary was incorporated into the Administrator's Guide (Salisbury, Marlowe, Crawford, & Anthony, 1999).

Staff Training. Front-line personnel (case workers, teachers, staffing / service coordinators) were involved in a series of awareness and skill building sessions using the User's Guide. In an effort to model the interagency collaboration we were promoting, all sessions were co-conducted by representatives from at least two partner agencies. Initial trainings were focused on awareness and skill development. Later trainings addressed impediments to change, primarily related to collaboration and providers' more deeply held beliefs about families and the change process.

Technical Assistance. Subsequent to training and an initial series of pilot CSP meetings, project staff met with representative groups from each agency to identify and address implementation issues. Breaking old interaction patterns with outside agencies, CSP meeting logistics, and use of the website were recurring issues of participants These sessions typically lasted 60-90 minutes and were discussion and product based.

Measures

Multiple measures were used to ascertain the effects of the CSP process on providers, parents, and the agencies participating in this project. All measures were administered at enrollment (prior to CSP meeting), and annually thereafter, unless otherwise noted. Table 1 reflects the measures used for each stakeholder group and the frequency with which they were administered.

Table 1. Summary of Measures

TARGET	DIMENSION MEASURED	MEASURE USED/FREQUENCY
Child/Family	Family's voice in CSP meeting and sense of influence over plan and process	*Family Empowerment Scale* (Singh, Curtis, Ellis, Nicholson, Villani, & Wechsler, 1995); pre-CSP and annually thereafter
	How family centered the planning process was	*Family Centeredness Behavior Scale* (Allen, Petr, & Cay-Brown, 1995); pre-CSP and annually thereafter
	Descriptive information	Demographic data on child and family; outset and annually thereafter
	Perception and verification of service implementation	Surveillance interviews with parent; every 6-8 weeks post CSP meeting
Provider measures	Concerns about the adoption of the new CSP approach	*Stages of Concern Questionnaire* (Hall, George, & Rutherford, 1979); post-CSP meeting and at 6 months
	Descriptive information	Demographic data; outset and annually thereafter
	Nature and extent of cross-agency coordination	*Service Coordination Scale* (Salisbury, Caldwell, Case, Anthony, Whitacre, & Husband, 2000); outset and at six month timepoint
Meeting process	CSP team's adherence to procedures	Procedural fidelity checklist; completed by

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		observer at CSP meeting
	Perceived value of CSP meeting	Participant perception card. At CSP meetings as held.
Implementation	Factors affecting implementation, challenges, remediation steps	Continous logs, completed by project staff

Copies of all measures are included in Appendix C. Data are presented in the following section for those measures that produced meaningful changes in provider, family, or system results.

Data Collection

Families and providers were invited to participate in our program evaluation effort. While providers consented to all survey and interview activities, families were more selective about the types of information they were willing to share with the project. Consequently, all data are not available for all consented families. Data on the development of the CSP, as well as its adoption and utilization, were collected from 34 families, 49 providers, and on 24 CSP meetings using both qualitative and quantitative methods. The mean chronological age of the 34 children at time of consent was 5 years, 9 months. Baseline data were collected prior to the initial CSP and at 6-month intervals thereafter. Descriptive and inferential analyses were used to assess differences between and within groups on survey measures. Content analysis across two independent coders was used to determine patterns in the interview (surveillance) data gathered from parents (Patton, 1990). Because of the short implementation time frame, some of the measures were insensitive to changes in parent or provider perceptions and behavior. All other measures related to the development and implementation of the CSP that produced useful data are described below. Copies of all measures are included in Appendix C.

Development of the CSP. The process and outcomes of local task force efforts to merge program plans to develop the CSP and its supporting structures and practices were documented at the project level. Activity logs and field-notes were used as the primary mechanism at the

project level for capturing the change process. We charted the process for merging program plans and planning processes, obtaining administrative approvals, many of the challenges to promoting adoption and utilization of this innovative practice, and our responses to those challenges. Monthly task force meetings and regular conference calls were used as on-going opportunities for key project personnel to develop consensus about their understandings.

At the family/ team level, we collected data from parents, providers, and administrators on the actual development of the CSP document through direct observation, interviews, surveys, and rating scales. A trained, master's level data collector attended 24 CSP meetings to collect information about the meeting process, composition of the CSP teams, and perceptions of participants. A procedural fidelity checklist was used to score the degree to which meeting participants engaged in the steps/actions reflected in the User's Guide and the extent to which markers of quality were evident in the resulting plan and process. We assessed the perceptions of participants about the CSP approach by distributing a 4"x6" survey card at the conclusion of all observed CSP meetings. Five items on the card asked participants to rate the extent to which they felt the CSP meeting was inclusive and responsive (5=very great to 1= not at all). Five other items asked participants to rate how the CSP meeting compared to previous program planning meetings in which they had participated (5=much better to 1=much worse). Meeting attendees completed a card at every CSP meeting they attended, yielding 195 response cards. Finally, we analyzed the composition of CSP teams for those meetings observed to determine the breadth of representation from outside agencies.

Adoption/Utilization. Implementation of the CSP was assessed in terms of reported concerns about the adoption of the new approach and the number of CSPs that were developed subsequent to the project's "go live" implementation date. To assess concerns about the

adoption of this innovative practice we asked consented front line providers who were designated CSP team members and their supervisors to complete the 35-item Stages of Concern Questionnaire (SoCQ) (Hall, George, & Rutherford, 1979). The SoCQ is a valid and reliable measure for profiling respondents' concerns about the adoption of innovations or program changes. The tool can be used to document the intensity of concerns and correlates well with the users' extent to implementation of an innovative practice. Providers rated how true each item was about their present level of concern along an 8-point Likert scale (0=irrelevant, 2=not true of me now, 4=somewhat true of me now, 7=very true). The SoCQ was distributed as a mailed survey to providers following the first CSP meeting and again 6 months later.

Parents were asked in brief (5 minute) surveillance calls every 6-8 weeks post-CSP meeting to judge how well the CSP was addressing identified needs, the extent to which newly identified needs were being addressed by providers/agencies, and to comment on the new program planning process. Finally, to index utilization, we obtained administrative data from the District on the number of participating schools, the number of CSPs developed subsequent to the project's "kick-off" implementation date, and the number of CSPs that had been placed on the website.

Methodological and Logistical Challenges

Fiscal Challenges

Although IPSP was funded from 1997-2001 a significant fiscal event at the original prime site (Allegheny Singer Research Institute, ASRI) impeded our ability to fully implement the work scope of this project for a period of approximately 18 months. The parent organization of ASRI, Allegheny Health Education and Research Foundation (AHERF), went into bankruptcy during the second year of our project. For approximately 8 months leading up to this event and

for 12 months after the declaration of bankruptcy, IPSP experienced significant fiscal issues that directly affected our ability to implement planned activities. For example, bills from hotels where we held meetings with state and local partners went unpaid because ASRI was re-allocating dollars from various accounts to cover expenses. Funds for site visits were unavailable, rental car companies would not rent to us because the corporate credit card was over-drawn, and we had no assurances that out-of-pocket expenses would get reimbursed. There were also concerns on the part of OSEP/DOE that federal funds had been misappropriated by ASRI/AHERF to cover their debts. Considerable time, effort, and resources were expended by OSEP legal, OSEP accounting, project officers, and project staff to resolve a mountain of fiscal issues. The activities most affected by this sequence of events were those related to data collection, analysis, and dissemination.

The Principal Investigator chose to leave ASRI and transferred the Project to Chicago (Erikson Institute). This transfer also took some time and considerable effort on the part of the OSEP Research to Practice team because the funds showing in the GAPS system did not match what the PI had as the available balance, and neither balances matched what ASRI/AHERF said it had spent. Ultimately resolved, the transfer occurred and we were able to resume our work in July, 1999. We were afforded an extension of time so that we could conclude model implementation, evaluation, product development, and dissemination work as outlined in the original proposal.

Personnel Issues

Part time office administrator and project coordinator were brought on in October 1999. Data analyst was hired shortly after. This team spoke with the Allegheny team over the

following two months to pick up the sequence of project activities particularly around the development of the service coordination measure and the reliability data collected.

Data collectors for on-site activities in Independence, MO were recruited through Independence partners and the University of Kansas Medical Center. A series of data collectors were needed as the project proceeded with "starts and stops" in subject recruitment. Factors affecting the recruitment and retention of families included: the transience and change of custodial status of the Department of Family Services population; the small number of DMH/MRDD enrolled families who were also residents of Independence, MO; and the constraints of the annual schedule of Collaborative Support Plan meetings used by the Independence District. These factors also led to all but one consented provider enrolled in the project to be Independence District school staff.

Partnership Issues

Partnerships were formed at the beginning of the project with a local agency task-force whose agencies have a history in Missouri of supporting young children with special needs and their families. The partners represented on the local task force were previously listed in an earlier section of this report. Representatives of these Missouri state agencies were active participants on the local task force throughout the project. Several of the agencies were actively involved in staff training and development meetings, with the Independence school district becoming most actively involved by institutionalizing use of the CSP within the District. However, an issue that surfaced during the implementation phase of this project was that partner agencies had no opportunity to take the lead on the development of a CSP. The reason for this was that during this time period they were not supporting any children between the ages of birth and 8 years who evidenced disabilities in the Independence district. Therefore, the agencies had

no need to initiate a CSP meeting and were unable to "test out" the new system in a coordinator capacity. Rather, the initiation of all CSPs by the school district placed partner agencies in a participant, rather than a coordinator role. Our ability to address this situation was constrained by our priority on working within the system as it operated, rather than creating simulated activities.

Data Collection Issues

Although more than 150 parents of birth to 8 year olds were initially invited to participate in our data collection activities, only 34 agreed. We believe many of the sections required by our human subjects committee raised unnecessary concerns among parents and served as a deterrent to recruitment. In addition, high mobility rates of families, coupled with logistical and communication problems between our data collector and coordinators from the district/agencies, made it difficult for us to recruit, consent, and retain families in this project. Analysis of the *quality* of the CSP's was beyond the scope and capacity of this project. We cannot, therefore, determine whether all or some of the CSP documents differ from prior program plans merely in their form, or whether the process used to develop them with families produced a collaborative, integrated, and responsive document. This aspect of data collection will necessarily need to be addressed in subsequent research activities.

Strategic Issues

Not all of the strategies used by this project proved to be sufficient or intensive enough to impact the rate and path of change. To create truly durable change, it is imperative that implementers of this innovative practice move from surface changes (i.e., new form, new procedures, new partners, re-deployment of personnel) to deeper levels of conceptual and attitudinal change (Fullan, 1993). We found that impacting historical relationships, beliefs of

participants, and the providers' own willingness to change out of familiar "comfort zones" presented recurring challenges for us. Despite focused training in these issues and specific interventions within organizations, getting providers to understand and display collaborative behavior with other agency personnel was very difficult. Cultural shifts in the organizations, shifts in deeply held beliefs by the organizations and individual participants, and shifts in organizational policies are necessary, and require more time, different types of interventions, and more resources than were available to this project. Our tiered training protocol was a necessary, but not sufficient, strategy for promoting implementation of the CSP materials consistent with the User's Guide.

Of equal importance is the impact of real vs. perceived authority among administrative partners on the success of collaboration. We found that it is vital to determine if the leaders and administrators of the organizations have the actual or perceived ability to implement change. In several instances the organization representative reported they could initiate and commit to vital collaborative changes. However, it was later reveled they did not have the authority or backing of the "real" leaders in their organization. This led to confusion among the participants and hampered some of our efforts during development and implementation.

Economic and Political Issues

The rapidly changing economic and political shifts at the state and local level made it difficult for the agencies to commit the resources and people to adequately institutionalize the CSP. The dramatic economic downturns at the state level made the advancement of anything other than basic supports and services difficult. In the face of these fiscal exigencies, several of our partner agencies retrenched staff and shifted priorities away from the CSP and cross-agency initiatives. In addition, during the four-year term of this project there were numerous turnovers

among key administrators (i.e., supporters) at the state, regional, and local level. These changes in personnel in each of the partner agencies directly affected momentum and, ultimately, the penetration of this project throughout the region.

Responses to the Challenges: Factors Contributing to Our Success

Despite the challenges noted above, the efforts of this project produced several important and substantive changes in interagency planning. For those hoping to initiate similar initiatives in other communities, we recommend attention be given to four key areas and the strategies within them for promoting change (see Table 2). While we view each factor and its underlying support strategies as important to the change process, we believe that the *combination of these factors* was largely responsible for our successes.

The inclusiveness of the process was essential to building alliances and support for the development of the changes around the CSP document and process. Consistent with prior large-scale change efforts (cf., Salisbury et al., 2001), we found that broad-based participation from key partner agencies, coupled with meaningful opportunities for them to influence the nature and course of change through the local task force, helped build buy-in and sustained momentum over the two-year development process. For some, just being part of the conversation was a huge step toward building trust across agencies. For others, making sure they were integrally involved was important politically, as well as practically, and helped cement their role as a "player" in this important local initiative.

As a project, we employed multiple capacity building strategies to develop, install, implement, and promote the CSP innovation. Using a "neutral third party" as a catalyst for initiating conversations about change proved necessary in a context where relationships had difficult histories. Starting the development process with policy administrators was important on

several levels. Their involvement gave credibility to the initiative and created mechanisms for us to address policy barriers. Because local level implementation is inextricably linked to the policies that drive agency operations, change efforts must necessarily attend to these dimensions to be effective. Importantly, we actively involved local constituents in a collaborative process to develop the integrated CSP document and re-structure procedures among agencies.

Another key factor in our accomplishments was our focus on the CSP within the larger, local service delivery system and its relationship to local priorities of partner agencies. We worked concurrently to address policy obstacles, structures (procedures, documents, processes, deployment of personnel), and practices within and across organizations. Understanding the histories of individuals and organizations helped us be strategic about where to put our energies. Not all battles are worth fighting and we sought local wisdom of "long timers" to help us understand which issues were changeable.

Our efforts to link CSP development to regulatory and policy foundations within agencies was essential to our success. Administrators are not inclined to support initiatives of this type unless there is a clear imperative to do so, there is policy and procedural latitude to enact changes to support the new initiative, and they can see its potential for benefit. Our regular feedback loops with regional and state level administrators were valuable in clarifying perceived vs. real policy barriers to implementing the CSP. Feedback loops have been found in other contexts to be a powerful catalyst for systemic change and a worthy element for both small and large scale change initiatives (Roach, Salisbury, & Fisher, 2002; Salisbury et al., 2001).

VIII. Findings

Data for this project were collected from families, providers, and on the CSP process at onset of the project, during the CSP meetings, subsequent to the development of the child's CSP, and at regular intervals thereafter from family members and providers on implementation of the CSP plan. As previously indicated, because full scale implementation occurred during the final 12 months of this project, insufficient time elapsed to show significant effects on family or child outcomes. Rather, most of the data collected for this model demonstration project focused on the development of the CSP process, what transpired at the meetings with providers and parents, and the perceptions of parents and providers about the new approach subsequent to the CSP meeting. Findings associated with meaningful changes in policies, procedures, and practices are discussed below.

We enrolled three waves (cohorts) of families in this project. The cohorts did not differ demographically, but did differ in the point at which they engaged with a system that was changing. Consequently, Cohort 2 and 3 families experienced providers who were more familiar with the new CSP approach and upon whom more demands were being placed for greater coordination and collaboration. The most complete data sets were available for Cohort 1 families and unless otherwise noted, data reported below reflect responses of the providers and families in this group only. Additional data figures and tables are included in Appendix C.

Development

Project level data indicated that our efforts contributed to policy, structure, and practice changes that affected cross-agency planning and service coordination in this local community. Table 2 summarizes key local/regional systems level changes that occurred during the term of this project. Substantive changes occurred in the areas of policy, procedures, infrastructure

support, and practice which are attributable, at least in part, to the efforts of this project. The nature and scope of these changes support the potential of this innovative practice as a catalyst for systemic change.

Family/team level data on the development of the CSP were mixed. Despite repeated trainings and coaching, only 48% of the items on the procedural fidelity checklist were covered during CSP team meetings over the 12 month period of data collection. Data indicate that insufficient attention in these meetings was given to process (introductions/team norms), website data entry, and sharing what the assessment findings revealed about the child. When checklist items directly related to child and family information were separated and compared, we found that in 24 observed CSP meetings 72% of the child goals/needs were addressed by team members, whereas only 49% of family goal/need items were directly addressed by the team.

Perceptions of the CSP meetings were positive, with parents (mean=4.94, SD=.13) and providers (mean=4.62, SD=.48) reporting that the process was a family centered, responsive one. Both parents (mean= 4.27, SD=1.14) and providers (mean=3.86, SD=1.34) judged CSP meetings to be comparatively better than previous program planning meetings in which they had participated. Across the 24 observed CSP team meetings, the average number of participants (parents, administrators, agency personnel) was 8, with the majority of representatives coming from the District (teachers, therapists, counselors, administrators). Observed CSP meetings included an average of 1 family member and 1 outside agency representative.

Adoption/Utilization

Figure 2 depicts concerns expressed by providers involved with Cohort 1 families about adopting and using the CSP innovation. In general, *providers* reported moderate levels of concern across the 7 factors of the SoCQ measure. The highest levels of concern expressed by

providers about the CSP process related to collaboration with others, the logistics of using this new approach, and its impact on them personally. Figure 3 depicts the level of concern for the providers associated with Cohort 1 and 2 families. Trends evident in Figure 2 were again evident with Cohort 2 families despite their involvement with providers more attuned to the CSP process. There were no significant differences between initial and second administrations of the SoCQ measure (at 6 months), due largely to the insufficient amount of time available for implementation.

Levels of concern were analyzed for providers based upon the age of the children with whom they were working (see Figure 4). Our reasoning for this analysis was that early intervention and early childhood professionals typically adhere to more family centered practices compared to school-based educators whose focus is more on student achievement (cf., Salisbury & Dunst, 2000). The differences, though marked, were not statistically significant. Data for Cohort 1 providers were also analyzed relative to their years of professional experience and the age of the children with whom they worked. Providers with 11-15 years of experience who were working with 5-8 year olds (early elementary) expressed greater overall concern about the new CSP process than did their counterparts who were working with 0-5 year olds (see Figure 5). This difference was, however, not statistically significant due to the small number of providers in the Cohort 1 sample. Professionals with more than 16 years of experience also reported overall high levels of concern, but no marked differences for the two age groups of children.

Parent feedback during surveillance calls collected at baseline, 6-, and 12-months, indicated a noteworthy shift in their perception of local planning and service delivery. Content analyses of surveillance interviews revealed that, at baseline, parents were critical of the District's restrictive stance on services, the lack of collaboration with other agencies, the nature

of the meeting process for IFSP and IEP meetings, and made no mention of the "team". At the six-month mark parents were referring to providers as "teams" more often, expressed satisfaction with the CSP plan content and services, and made more comments about the willingness of providers to seek family input in the planning process. By the 12-month point, parents noted their concerns were being addressed in a timely manner by the team, they were pleased with their child's progress, and their child's progress appeared to be linked to the team's efforts. Importantly, parents repeatedly made statements about the importance of the team to the family.

Administrative data from the District revealed that the number of schools developing CSPs dramatically increased from two pilot sites to all 19 buildings in the District. The district's efforts to "go to scale" is one marker of broad-based adoption. Additional data gathered from observing 24 CSP meetings indicate that more than 200 individual teachers, caseworkers, parents, and coordinators from partner agencies were directly involved in CSP team meetings. The number of participants in these meetings under-represents the actual number who attended CSP meetings across the year. At present, there are 1699 CSPs installed on the website for access by parents, educators, and partner agencies. Of these, 366 represent program plans for children between the ages of birth and 8.

Policy Shifts

The CSP became the planning document/process for Independence Schools in September 2000. The District adapted the User's Guide to their specific needs and adopted it as the policy manual for the District's special education services. As a matter of policy, the CSP replaced the IEP and IFSP documents previously used by the District. This shift and progressive stance on integrating services using the unified CSP document was not without hardship for the District. The Missouri Department of Elementary and Secondary Education (DESE)/Office of

Special Education Services, while initially supportive, discouraged the District from pursuing this path and cited the document in later years as not being compliant with state procedures. While OSEP indicated the CSP was compliant, the lack of support from DESE was seen by the project and its local task force partners as an adherence to a traditionalist perspective. Key sections from the District's policy manual are included in Appendix D. Only selected portions of this manual are included to reduce duplication with the User's Guide, which is included in its entirety.

The Division for Family Services and MRDD began to use the CSP for certain client cohorts. DFS developed a written policy for use of the CSP with their Family Support clients. This policy established the CSP as the planning process for use with this client population in which children remain within the home, in parent custody, but receiving supports and services from multiple agencies. A copy of the DFS policy is included in Appendix D.

Evidence of Model Appeal and Coordination of Effort

Appeal of IPSP Model. The appeal of the IPSP model became evident over the course of the funding period. In general terms, audiences at each of our conference presentations requested additional information and made statements indicating their enthusiasm for the approach. More specific evidence was evident in two technical assistance requests received by the project. Two of the co-directors were asked to meet with personnel from the State Education Department, as well as other human service agencies in Phoenix, Arizona in 2000. These individuals found themselves confronted by issues similar to those we addressed in the community of Independence. Detailed information was shared by the IPSP project. No further follow up was requested.

The most substantial replication effort is occurring in Philadelphia where Maternal and Child Health funds were used to obtain technical assistance from the project to address fragmentation of services to children with special health care needs. The process developed and tested in IPSP was incorporated into a proposal submitted by the Department of Health, City of Philadelphia, as well as into their local initiative termed the "Service Integration and System Coordination for Children with Special Health Care Needs" project. This is a large-scale effort that incorporates several of the components of the IPSP model.

Collaboration with Other Projects/Agencies. The IPSP staff were involved in several collaborations over the term of the project that underscored the perceived value of the model's change process. Sharing of measures and information occurred between the IPSP project and the Missouri Partnership for Enhanced Delivery of Services (MO-PEDS), a project funded by the Robert Wood Johnson Foundation through the Center for Health Care Strategies (University of Missouri). Their focus on integrated systems of care for rural children with special health care needs was consistent with our initiative elsewhere in Missouri.

A second major collaboration occurred with the Research and Training Center on Service Coordination (M.B. Bruder, Principal Investigator). Dr. Salisbury was invited to serve on the Advisory Board of this OSEP Institute. Data and lessons learned from the IPSP were shared over the term of our funding with the Institute.

Two major collaborations with OSEP occurred during our development phase. Ms. Nell Eano, Office of Monitoring and Compliance, reviewed an early draft of the CSP in 1999 after PL105-17 was passed. She provided detailed guidance on how to bring the CSP into compliance with the IDEA 97 Amendments. A copy of that feedback is included in Appendix D. A second collaboration with OSEP occurred when the Local Task Force was wrestling with the issue of

confidentiality. Ms. Eano referred us to Mr. Larry Ringer, OSEP attorney in Monitoring and Compliance, who assisted us in coming up with language for the release of information portion of the CSP. A copy of this communication is included in Appendix D.

Table 1. Indicators of adoption and nature of change

POLICY / PROCEDURES	STRUCTURES	PRACTICES
Merged separate program plans from multiple agencies into single, CSP document	Co-located DMH and DFS workers in school buildings	Provided training on CSP and associated procedures to over 185 educators, caseworkers, and staff development representatives in partner agencies
CSP endorsed as acceptable local plan option by DMH, DFS, psychiatric services, and juvenile court	Re-distributed DFS and DMH caseworkers by District, rather than by individual children/families	Instituted cross-agency training approach; involved parents in training sessions
DFS and District promulgated policy to mandate CSP as program planning document	Integrated MAPS, Essential Lifestyle, and Person Centered Planning processes of partner organizations	Enhanced knowledge among partners of other agencies' missions, services, and eligibility criteria
Agreed to use each others' evaluation results	Developed web-based access to CSP	Provided training on web-based use of CSP to over 150 providers
Blended funding to support individual children/families	Diversified participation at CSP meetings	Improved knowledge about family centered practices and collaborative planning among partner agency personnel
Sought/received input from OSEP on issues of confidentiality and compliance with IDEA 97		
CSP User's Guide adopted as procedural guide for special education by District		

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Figure 2. Concerns of Providers About Adopting/Using the CSP

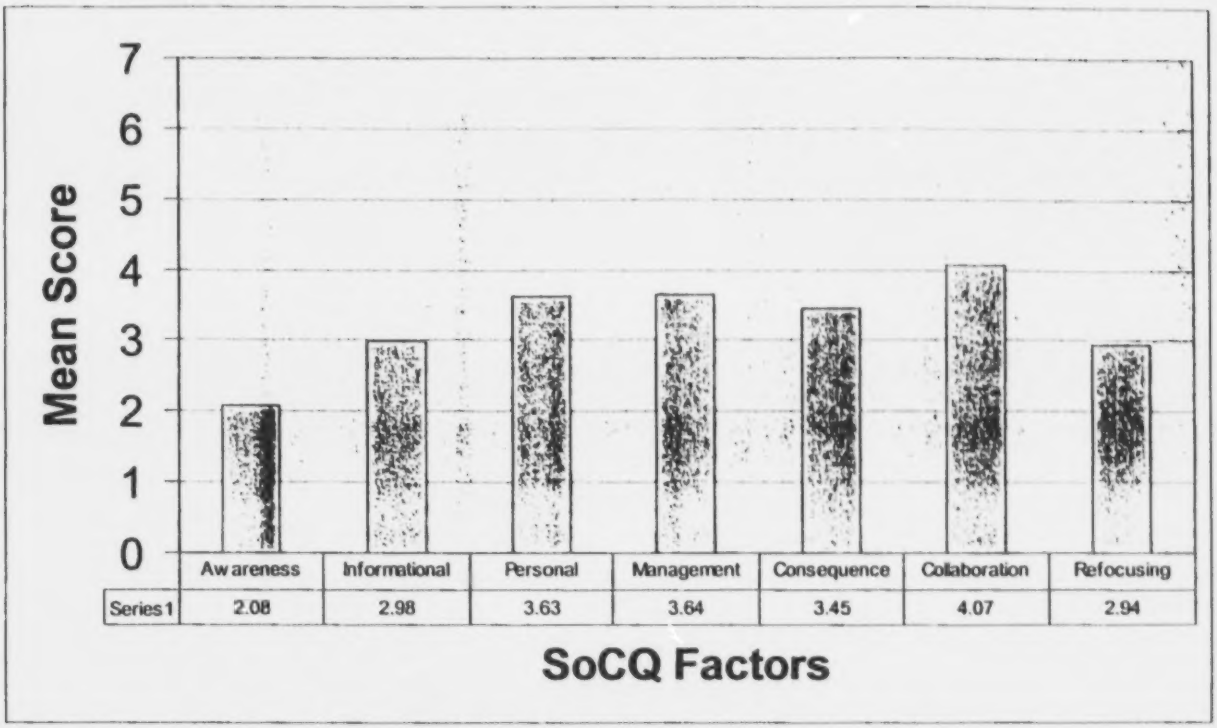


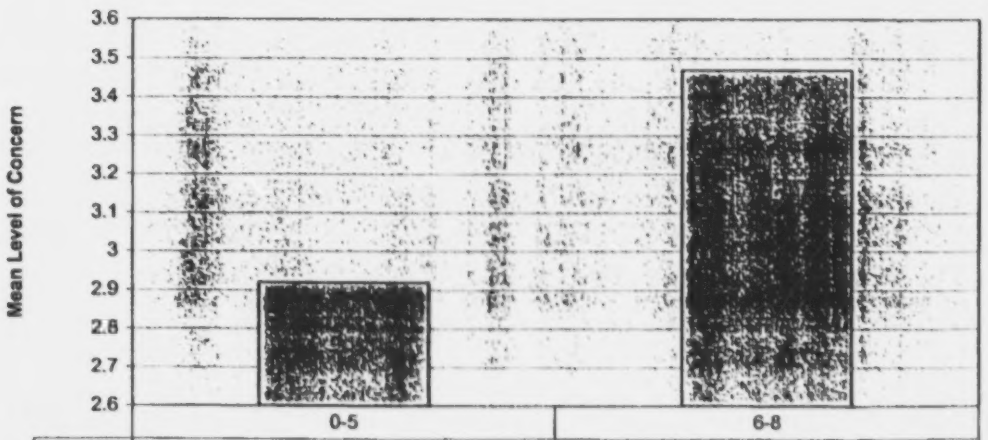
Figure 3: CBAM Factor Means by Cohort

Cohort 1= consented 1999-2000
Cohort 2 =consented 2001-2002

	Awareness	Informational	Personal	Management	Consequence	Collaboration	Refocusing
Cohort 1	2.17	3.51	3.87	3.87	3.44	4.04	2.82
Cohort2	2.19	3.16	3.69	3.4	3.28	3.73	2.71

CBAM Factors

Figure 4: Level of Provider Concern About Adopting and Utilizing the CSP Plan/Process (CBAM)



	0-5	6-8
Series1	2.92	3.47

Age Groups

Figure 5. Concerns of Providers about Adopting and Using the CSP by Years of Teaching Experience

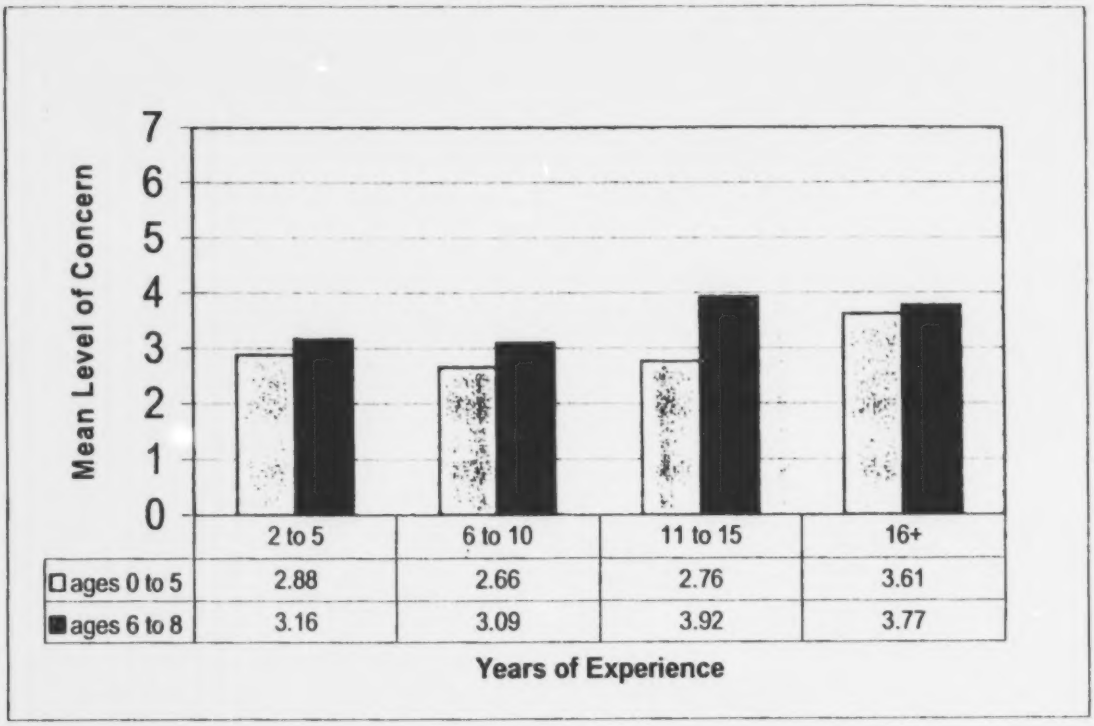


Table 2. Factors Affecting Successful Implementation of the CSP Innovation

Inclusiveness of the process ✓ Address barriers and resistance issues across agencies ✓ Ensure key players are at the table as partners ✓ Cultivate buy-in through meaningful participation
Use of multiple capacity-building strategies ✓ Leverage administrative support ✓ Use state/local resources ✓ Use data to make decisions ✓ Use participatory process ✓ Employ a range of support strategies
Approaching change systemically ✓ Focus concurrently on policy, structure, and practice ✓ Learn the context and create trustworthy alliances ✓ Ground change in local priorities
Linking change to policy ✓ Understand both formal, and informal, policies ✓ Create informational feedback loops ✓ Address policy barriers

IX. Project Impact

Target audiences for dissemination of project information, products, and findings are the key stakeholders that influence and participate in early intervention, education, and human service fields. These include parents, direct service practitioners from across a variety of disciplines, administrators, policy makers, professional development providers, researchers, and the public at large. The methods used to reach these target audiences are summarized below.

Products Developed

Salisbury, C., Anthony, L., Crawford, E.W., & Whittaker, C. (1998). Facilitators Guide for the Collaborative Support Plan. Pittsburgh, PA: Allegheny Singer Research Institute.

Salisbury, C., Marlowe, D., Crawford, E.W., & Anthony, L. (1998). User's Procedural Guide for the Collaborative Support Plan. Pittsburgh, PA: Allegheny Singer Research Institute.

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Number of Individuals Trained on the CSP

Over 185 local professionals were trained on the use of the new CSP plan and planning process during the final two years of this project. In addition, over 1500 practitioners and administrators were given awareness level training on the CSP model, the web-based technology and the planning process in state and national conference sessions. Samples of the handouts used in these training sessions are included in Appendix B.

X. Contact Information About the Project

Information about the Interagency Planning and Support Project is available from two sources.

Dr. Christine Salisbury
UIC Child and Family Development Center
University of Illinois-Chicago
Room 336, IIDD (MC 628)
1640 W. Roosevelt Rd.
Chicago, IL 60608

Email: csalis1@uic.edu

Copies of all materials included in this report will be available through:

ERIC Clearinghouse
1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704

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APPENDIX A

Collaborative Support Plan

Related Materials

Independence Public Schools - Collaborative Support Plan Report

A document serving as the
Individualized Education Program/Individual Family Support Plan

SS#: 123-44-6789
Student: ALEX SAYLES
Address: 123 WELLS
City/St/Zip: Independence, MO 64055
Home Phone: 521-7890
Birth Date: 3/3/2000

Grade: Select Grade
Home School: Benton Elementary
Attending School: Select School
Medicaid#: 33478965
Gender: Male
Race: Caucasian

	Mother	Father	Guardian
Name:	SARAH SAYLES	CARL SAYLES	
Address:	123 WELLS	123 WELLS	
City/State/Zip:	INDEPENDENCE MO. 64055	INDEPENDENCE MO. 64055	
Work Phone:	521-2700		
Home Phone:	534-1111	534-1111	

Collaborative Support Plan Status: Early Intervention

Initiation Date: 10/17/2001

CSP Meeting Date: 10/10/2001

Expiration Date:

Diagnostic Team Date: 9/26/2001

CSP Review Date:

% of Regular Education: 86.5%

% of Special Education: 13.5%

Disabilities
Primary: Physical/Other Health Impaired
Secondary:
Tertiary:
Other:

Source
MD AND TEAM

Collaborating Agencies: DR. MOTT, PEDIATRICIAN; VISITNG NURSE; DFS FAMILY-CENTERED SERVICE TEAM: RENE HUNTER KONOPASEK CASE WORKER

Access to General Education Curriculum: SERVICES WILL BE PROVIDED IN THE HOME WHICH IS A NATURAL ENVIRONMENT FOR ALEX AND

HIS PARENTS.

Special Education and Support Services: DEVELOPMENTAL THERAPY WILL BE PROVIDED IN HOME BY AN EARLY CHILDHOOD SPECIAL EDUCATOR.

Regular Education Support: NA

Related Services: PHYSICAL THERAPY SPEECH THERAPY FOR FEEDING

Comments: SEVICES WILL BE PROVIDED IN ALEX'S HOME AS THE MOST NATURAL ENVIRONMENT FOR HIM AND HIS PARENTS.

Family Assessment: Included With Permission

Family Support: MS. SAYLES IS EMPLOYED OUTSIDE OF HOME AND WOULD LIKE HER HUSBAND WHO IS CURRENTLY UNEMPLOYED TO BE THE PRIMARY CONTACT FOR SERVICES. FEEDING THERAPY SESSIONS SHOULD INCLUDE BOTH PARENTS AND THE PATERNAL AUNTIE WHO IS A CONSISTENT CAREGIVER FOR ALEX. MR. SAYLES IS CURRENTLY RECEIVING SOME MENTAL HEALTH COUNSELING FOR DEPRESSION AND THE FAMILY IS BEING SUPPORTED BY SOME DFS FAMILY SUPPORT SERVICES.

Is this student eligible for Extended School Year Services? Yes
Describe: EARLY INTERVENTION SERVICES WILL BE DELIVERED YEAR ROUND FOR ALEX.

Describe how this student will participate in extra curricular school activities?
SETTINGS FOR EARLY INTERVENTION WILL BE IN ALEX'S MOST NATURAL ENVIRONMENTS WHICH ARE CURRENTLY HOME AND PATERNAL AUNTIE'S HOME.

Will this student participate in the Missouri Assessment Program without modifications? No
Describe: Not age appropriate

Will this student participate in the Missouri Assessment Program with modifications? No
Describe: Not age appropriate

Will this student participate in the Missouri Alternate Assessment Program? No
Describe: Not age appropriate

Is this student being considered for transition services? Yes

Describe: AS REQUIRED, THE EARLY INTERVENTION TRANSITION PLAN IS ATTACHED. [alternatively, the plan could be typed in this space]

Justification for Placement: JUSTIFICATION FOR NATURAL ENVIRONMENTS FOR ALEX INCLUDE HIS YOUNG AGE AND HIS HEALTH CONDITION.

Other Eligibility Determination: PEDIATRICIAN DX, PHYSICAL THERAPY EVAL., COGNITIVE AND PSYCHOSOCIAL EVALUATIONS.

Present Level of Performance: ALEX IS A BRIGHT, PLEASANT BOY WHO HAS GOOD INITIATION AND DEVELOPING PROBLEM SOLVING SKILLS. HE IS CURRENTLY EXHIBITING A VARYING LEVEL OF DEVELOPMENTAL SKILLS (GROSS MOTOR 9 MOS., COGNITIVE 11-13 MOS. AND SOCIAL, 9-12 MOS.). MOTOR AND HEALTH STATUS APPEAR TO BE THE PRIMARY AREAS OF DELAY. ALEX'S PHYSICIAN WILL BE TESTING FOR METABOLIC AND OTHER DISORDERS WHICH MAY BE CAUSING HIS FAILURE TO THRIVE. DFS WILL CONTINUE TO ASSESS IMPACT OF FAMILY NEEDS ON ALEX'S DEVELOPMENT.

Team Members

Name	Role	Attended	Phone	Email
Husband, Pat	Other Participant	Yes		
Parent,	Parent/Guardian	Yes		
PT Staff,	Other Participant	Yes		
Salisbury, Chris	Speech/Language Therapist	Yes		

Goals

Initiation Date:
Review Date:
Met Date:

Implementer: PT Staff,
Progress: QI Q2 Q3 Q4

Goal: INCREASE TRUNK STRENGTH TO ENCOURAGE STANDING.

Domains: Health
Criterion: Observation, Reports, Assessment, Demonstration

Objective: Alex will be handled in ways to increase trunk strength. He will be placed in supported standing to practice this position and strengthen necessary muscle groups.

Criterion Notes: Parents will be shown places in their home where Alex can safely practice standing. Dad will be encouraged to play in "rough and tumble" ways to increase trunk strength.

Progress Notes:

Initiation Date:
Review Date:
Met Date:

Implementer: PT Staff,
Progress: QI Q2 Q3 Q4

Goal: FACILITATE BALANCE REACTIONS IN UPRIGHT POSITIONS: SITTING, KNEELING, STANDING.

Domains: Health
Criterion: Assessment, Demonstration

Objective: Increase Alex's overall mobility by increasing his ability to transition between positions without flopping or falling over.

Criterion Notes: Assist Parents to find places during routines of the day that Alex can practice sitting and reaching, standing and reaching and kneeling and reaching. Also finding padded rugs or other surfaces where Alex can safely get from sit to kneel to stand and back down without bumping.

Progress Notes:

Initiation Date:
Review Date:
Met Date:

Implementer: Husband, Pat
Progress: QI Q2 Q3 Q4

Goal: INCREASE ACCESS TO THE PLAY ENVIRONMENT TO INCREASE COGNITIVE SKILLS

Domains: Educational/Vocational
Criterion: Observation, Assessment, Demonstration

Objective: Alex will use available motor skills to play with cognitively challenging toys and materials.

Criterion Notes: Alex will use two hands in play during use of cause and effect toys. Alex will push and pull, dump and place toys with adaptations.

Progress Notes:

Initiation Date:
Review Date:
Met Date:

Implementer: Husband, Pat
Progress: QI Q2 Q3 Q4

Goal: FACILITATE CLARITY OF SOCIAL COMMUNICATION WITH

CARE GIVERS

Domains: Family, Social, Psychological/Emotional
Criterion: Observation, Reports

Objective: To assist Alex to communicate clearly in social contexts.

Criterion Notes: alex will be able to tell Parents, Care Givers and therapist SPECIFICALLY what his wants/needs are using words/gestures/facial expressions.

Progress Notes:

Initiation Date:
Review Date:
Met Date:

Implementer: Salisbury, Chris
Progress: Q1 Q2 Q3 Q4

Goal: PROMOTE ORAL MOTOR FUNCTION DURING FAMILY MEAL TIMES.

Domains: Family, Health
Criterion: Observation, Reports, Assessment

Objective: Alex will increase his ability to control liquids and various textures in his mouth.

Criterion Notes: Meal times will become more enjoyable for Alex and his family as his independence and tolerance for textures increases.

Progress Notes:

Services

Service: SPED Consultation
Related Service: Consulting Services
Dismissal:
Implementer: Husband, Pat
Location: Out of District
Funding: Early Intervetion
Minutes/Week: 60
% of Special Education: 13.5%
% of Regular Education: 86.5%
Comments: These services are provided in consultation with Parents and care givers for Alex and will be delivered in Alex's home.

Service: Itinerant Instr
Related Service: Physical Therapy
Dismissal:
Implementer: PT Staff,
Location: Out of District
Comments:
Funding: Early Intervention
Minutes/Week: 60
% of Special Education: 13.5%
% of Regular Education: 86.5%

Service: Speech/Language Therapy
Related Service:
Dismissal:
Implementer: Salisbury, Chris
Location:
Comments:

Funding: Early Intervention
Minutes/Week: 90
% of Special Education: 13.5%
% of Regular Education: 86.5%

Independence Public Schools - CSP Detail 1

Main Menu | Student | CSP 1 | CSP 2 | Goals | Services | Team | CSP Report

SS#:	123-44-6789	**Grade:**	Select Grade
Student:	ALEX SAYLES	**Attending School:**	Select School
Address:	123 WELLS	**Home School:**	Benton Elementary
City/St/Zip:	Independence, MO 64055	**Medicaid#:**	33478965
Home Phone:	521-7890	**Gender:**	Male
Birth Date:	3/3/2000	**Race:**	Caucasian

	Mother	Father	Guardian
Name:	SARAH SAYLES	CARL SAYLES	
Address:	123 WELLS	123 WELLS	
City/StateZip:	INDEPENDENCE MO. 64055	INDEPENDENCE MO. 64055	
Work Phone:	521-2700		
Home Phone:	534-1111	534-1111	

CSP Status:

☐ Adoption	☐ Change of Placement	☐ Continuation	☐ Dismissal
☑ Early Intervention	☐ Guardianship	☐ Initial/Transfer	☐ Interim
☐ Pre-Vocational	☐ Reunification	☐ Self-Support	

Key Dates

Initiation:	10/17/2001	**CSP Meeting:**	10/10/2001	**Expiration:**	
Diagnostic Team:	9/26/2001	**CSP Review:**			

	Disabilities:	Source:
Primary:		MD AND TEAM
Secondary:		
Tertiary:		
Other:		

Collaborating Agencies: Agency Name, Team Member, Phone Number, and Email Address

DR. MOTT, PEDIATRICIAN;
VISITNG NURSE;
DFS FAMILY-CENTERED SERVICE TEAM: RENE HUNTER KONOPASEK CASE WORKER

Access to General Education Curriculum

SERVICES WILL BE PROVIDED IN THE HOME WHICH IS A NATURAL ENVIRONMENT FOR ALEX AND HIS PARENTS.

Special Education and Support Services

DEVELOPMENTAL THERAPY WILL BE PROVIDED IN HOME BY AN EARLY CHILDHOOD SPECIAL EDUCATOR.

Regular Education Support:

NA

Related Services: Supplemental Aid, Support Services, Assistive Technology

PHYSICAL THERAPY
SPEECH THERAPY FOR FEEDING

Comments:

SEVICES WILL BE PROVIDED IN ALEX'S HOME AS THE MOST NATURAL ENVIRONMENT FOR HIM AND HIS PARENTS.

Family Assessment:

- (•) Included With Permission
- ( ) Not Applicable
- ( ) Obtained But Not Included
- ( ) Permission Refused

Family Support: Assessment - Concerns, Priorities, Resources

MS. SAYLES IS EMPLOYED OUTSIDE OF HOME AND WOULD LIKE HER HUSBAND WHO IS CURRENTLY UNEMPLOYED TO BE THE PRIMARY CONTACT FOR SERVICES. FEEDING THERAPY SESSIONS SHOULD INCLUDE BOTH PARENTS AND THE PATERNAL AUNTIE WHO IS A CONSISTENT CAREGIVER FOR ALEX. MR. SAYLES IS CURRENTLY RECEIVING SOME MENTAL

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Independence Public Schools - CSP Detail 2

Main Menu | Student | CSP 1 | CSP 2 | Goals | Services | Team | CSP Report

SS#:	123-44-6789	**Grade:**	Select Grade
Student:	ALEX SAYLES	**Attending School:**	Select School
Address:	123 WELLS	**Home School:**	Benton Elementary
City/St/Zip:	Independence, MO 64055	**Medicaid#:**	33478965
Home Phone:	521-7890	**Gender:**	Male
Birth Date:	3/3/2000	**Race:**	Caucasian

Is this student eligible for Extended School Year services? Describe.

○ No
◉ Yes

EARLY INTERVENTION SERVICES WILL BE DELIVERED YEAR ROUND FOR ALEX.

Describe how this student will participate in extra curricular school activities.

SETTINGS FOR EARLY INTERVENTION WILL BE IN ALEX'S MOST NATURAL ENVIRONMENTS WHICH ARE CURRENTLY HOME AND PATERNAL AUNTIE'S HOME.

Will this student participate in the Missouri Assessment Program without modifications? Describe.

◉ No
○ Yes

Not age appropriate

Will this student participate in the Missouri Assessment Program with modifications? Describe.

◉ No
○ Yes

Not age appropriate

Will this student participate in the Missouri Alternative Assessment Program? Describe.

◉ No
○ Yes

Not age appropriate

Is this student being considered for transition services? Describe.

○ No
◉

Yes AS REQUIRED, THE EARLY INTERVENTION TRANSITION PLAN IS ATTACHED.
[alternatively, the plan could be typed in this space]

Justification for Placement:

JUSTIFICATION FOR NATURAL ENVIRONMENTS FOR ALEX INCLUDE HIS YOUNG AGE AND HIS HEALTH CONDITION.

Other Eligibility Determination:

PEDIATRICIAN DX,
PHYSICAL THERAPY EVAL.,
COGNITIVE AND PSYCHOSOCIAL EVALUATIONS.

Present Level of Performance: Strengths, current level, unique developmental needs

ALEX IS A BRIGHT, PLEASANT BOY WHO HAS GOOD INITIATION AND DEVELOPING PROBLEM SOLVING SKILLS. HE IS CURRENTLY EXHIBITING A VARYING LEVEL OF DEVELOPMENTAL SKILLS (GROSS MOTOR 9 MOS., COGNITIVE 11-13 MOS. AND SOCIAL, 9-12 MOS.). MOTOR AND HEALTH STATUS APPEAR TO BE THE PRIMARY

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Independence Public Schools - CSP Goals

Main Menu | Student | CSP 1 | CSP 2 | Goals | Services | Team | CSP Report

SS#:	123-44-6789	**Grade:**	Select Grade
Student:	ALEX SAYLES	**Attending School:**	Select School
Address:	123 WELLS	**Home School:**	Benton Elementary
City/St/Zip:	Independence, MO 64055	**Medicaid#:**	33478965
Home Phone:	521-7890	**Gender:**	Male
Birth Date:	3/3/2000	**Race:**	Caucasian

Progress Report

Goal	Q1	Q2	Q3	Q4	Implementer	
INCREASE TRUNK STRENGTH TO ENCOURAGE STANDING					PT Staff,	Delete
FACILITATE BALANCE REACTIONS IN UPRIGHT POSITIONS: SITTING, KNEELING, STANDING					PT Staff,	Delete
INCREASE ACCESS TO THE PLAY ENVIRONMENT TO INCREASE COGNITIVE SKILLS					Husband, Pat	Delete
FACILITATE CLARITY OF SOCIAL COMMUNICATION WITH CARE GIVERS					Husband, Pat	Delete
PROMOTE ORAL MOTOR FUNCTION DURING FAMILY MEAL TIMES					Salisbury, Chris	Delete

Add a Goal:

Implementer: Select an Implementer

Goal:

Add

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Independence Public Schools - CSP Services

Main Menu | Student | CSP 1 | CSP 2 | Goals | Services | Team | CSP Report

SS#: 123-44-6789
Student: ALEX SAYLES
Address: 123 WELLS
City/St/Zip: Independence, MO 64055
Home Phone: 521-7890
Birth Date: 3/3/2000

Grade: Select Grade
Attending School: Select School
Home School: Benton Elementary
Medicaid#: 33478965
Gender: Male
Race: Caucasian

Service	Related Service	Minutes/Week	Implementer	
SPED Consultation	Consulting Services	60	Husband, Pat	Delete
Itinerant Instr	Physical Therapy	60	PT Staff,	Delete
Speech/Language Therapy		90	Salisbury, Chris	Delete

Add a Service:

Service: Select a Service
Implementer: Select an Implementer
Add

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Independence Public Schools - CSP Team

Main Menu | Student | CSP 1 | CSP 2 | Goals | Services | Team | CSP Report

SS#: 123-44-6789
Student: ALEX SAYLES
Address: 123 WELLS
City/St/Zip: Independence, MO 64055
Home Phone: 521-7890
Birth Date: 3/3/2000

Grade: Select Grade
Attending School: Select School
Home School: Benton Elementary
Medicaid#: 33478965
Gender: Male
Race: Caucasian

Sign-Off Form

Name	Role	Attended	Phone	Email	
Husband, Pat	Other Participant	Yes			Delete
Parent,	Parent/Guardian	Yes			Delete
PT Staff,	Other Participant	Yes			Delete
Salisbury, Chris	Speech/Language Therapist	Yes			Delete

Add a Team Member:

Select the first letter of the member's last name:

A B C D E F G
H I J K L M N
O P Q R S T U
V W X Y Z

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APPENDIX B

Products and

Samples of Dissemination

Materials

Collaborative Support Plan

USER'S GUIDE

Interagency Planning and Support Project

Preparation of this document was supported by a Grant from the U.S. Department of Education, Office of Special Education Programs (HO24B70021) to Allegheny University of the Health Sciences. The opinions expressed herein do not represent those of the U.S. Department of Education and no official endorsement should be inferred.

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PART 1

INTRODUCTORY COMMENTS

This guide is designed to assist you in using the Collaborative Support Plan (CSP). The inservice explores the issues and the logistics of an approach to integrated planning and delivery of services and supports to children and their families. You will find this guide useful as a tool to help you through this process and as a resource over time.

The inservice is designed for all participants involved with the CSP process. Participants may include families, individuals supporting the families, collaborating professionals from diverse disciplines, administrators, supervisors, and support staff. **As an important member of this process**, you should understand the underlying concepts and the planning process fully, and be familiar with key issues and practices involved in collaborative service and support planning and delivery. We also recommended that you practice using the technology developed for the CSP and seek assistance with any problems you encounter before you participate in the CSP process.

The User's Guide begins with a brief rationale for integrated services which is followed by a series of separate content sections that convey essential information related to this new approach. A side-by-side format is used in each content section of this Guide to convey key points and provide space for you to add your own notes.

1.1 CONCEPTUAL BACKGROUND

School-linked services and supports are provided through collaboration among schools, health care providers, and social service agencies. In some models, services and supports are provided or coordinated by personnel located in schools. The model used in the Integrated planning and Support Project represents a variation of school-linked integrated services. In this model, families and partner agencies collaborate in planning and implementing supports to address priority needs of children with disabilities and their families. Services are coordinated by a primary services coordinator, and are rendered in natural settings in the local community by partner agencies, with the school servicing as a hub for planning meetings and co-location of several resource and support services.

Service and support integration is becoming increasingly more visible, due in part to education reform initiatives, such as GOALS 2000, and the documented relationships among nutrition, health care, family environment, and learning (U.S. Department of Education, 1995). These contextual and individual factors are relevant in relation to federal education policy. According to Bhearman (1997), there are at least three additional reasons for the recent interest in service integration. First, the *geographic accessibility of schools* to families in their local neighborhoods makes schools a familiar and logical hub for education and family support services. Schools are among the first places where the needs of children are first recognized, they have better information and data on children than those programs that see them episodically, and are often more predisposed to collaboration than other agencies. Second, policy makers, professionals, and parents recognize that *schools are inseparable from the communities they serve.* That is, we cannot disengage the school from the community, the child from the family, affect from cognitive goals, or short-term needs from long-term problems. Finally, there is an increased press for *shared responsibility* among many agencies to be accountable for educational outcomes and improvement of prevention strategies designed to promote individual and family resilience and to optimize independence and long-term growth and development. This point is of particular relevance for children with disabilities and their families, especially those children with significant physical and medical disabilities, whose complex management needs can tax the resources of families, local education, and providers (Myers & Blacher, 1987).

Recent changes in the individuals with Disabilities in Education Act (i.e., IDEA, 1997) direct states to initiate interagency agreements for the purpose of providing or supporting special education and related service needs of children with identified disabilities (Section 6111), and developing school-

wide plans to improve outcomes for children. Partnerships are formed with agencies involved in or concerned with the education of children, including representative of vocational education, universities, and public agencies dealing with health, mental health, social services, and juvenile justice (Part D, Sections 652-656). The requirements and opportunities presented by these amendments provide policy support for the development of comprehensive, coordinated services for children with disabilities and their families with agency partners.

The Issue

In a federal analysis of service delivery issues, Gerry (1991) noted six problem areas that directly affect services integration for children with disabilities: 1) children and families are often unable to access needed services because communities do not have a single point of entry; 2) family needs are not approached holistically and a continuum of services is not created as a result of often rigid categorical programs and the failure to involve families in defining needs and priorities; 3) uncoordinated planning and incompatible program structures and procedures impede services and create fragmentation; 4) children and families are discouraged from seeking needed services as a result of conflicting goals, eligibility criteria, and administrative procedures both within and among programs; 5) disincentives in some categorical programs discourage or penalize efforts by children and families to assume responsibility, often by terminating needed services; and 6) needed services are often delayed, inappropriately interrupted, or terminated as a result of the fragmentation of responsibility for planning. The consequences of these policy and procedural issues are significant for children with disabilities, particularly those with severe handicaps, for whom consistency and coordinated service delivery are not only recommended, but the essential practice (Carta, Schwartz, Atwater, & McConnell, 1991; Falvey, 1989).

While the Individualized Education Plan (IEP) is designed to provide an effective array of supports for children with disabilities, there is evidence that the document is often incomplete and the planning process is procedurally flawed (Pyecha et al., 1980; Say, McCollum & Brightman, 1980). Research indicates that IEP goals are often unrelated to students' needs or are inadequate relative to students' performance levels (Billingsley, 1984: Downing, 1988; Schenck, 1980; Smith, 1990; Smith & Simpson, 1989); and that parents are not effectively included as partners in the planning process (Salisbury & Dunst, 1997). The Individualized Family Service Plan (IFSP), in place within the early intervention system, offers a closer approximation of integrated services planning (Lynch, Jackson, Mendoza, & English, 1991; Rosenkotter et al., 1995). However, even that document is limited, with the majority of implementation efforts having been directed at improving the cooperation among existing systems, rather than addressing structural, legal, and fiscal constraints.

What is needed is a comprehensive program plan that is responsive to both child and family needs, is family-centered, and represents a validated approach for integrating education, health, and human services into a coherent, unified plan of support. The literature that specifically addresses school-linked services integration indicates recurring reference to a core of approximately 10 program models over the past 30 years. Findings from that research indicate that validated information about school-linked services is scarce. While the IFSP is intended to include family supports, as well as child-specific services, that document has limitations. There is consensus that the IFSP is inadequate as a mechanism to affect substantive change in the ways in which other agencies do business, and its interagency elements are hampered by a variety of barriers.

Core Principals

The assumption of this project is that a collaborative support plan will produce better outcomes for children, families, and providers than a traditionally generated IEP implemented by a school district. This approach presumes that **collaborative partnerships among families, schools, and community agencies** are desirable and necessary, and that the complex needs of children with disabilities and their families require flexible, accessible, and comprehensive responses to diverse family-identified needs. Further, the approach presumes that the extent to which families are support in meeting basic life needs will determine the strength of their ability to interact in partnership with their children's programs and the professionals who support their children (Bailey, Buysse, Edmonson, & Smith, 1992; Dunst, Trivette, & Johanson, 1994; Karp, 1996; Johnson, 1990). This conceptual perspective assumes that to effectively and efficiently address child and family needs, education, health,

and human services must transcend the boundaries of a single agency and mobilize existing resources of communities in ways that support the **individualized priorities and needs of families and their children.**

School and education reform initiative call for the adoption of **family-centered principles and practices** as one way of promoting increased family-school-community collaboration and partnerships (Melaville, Blank, & Asayesh, 1993; U.S. Department of Education, 1996). According to Melaville et al. (1993), adoption of family-centered practices leads to pro-family schools that "flex and adapt [school] procedures to meet the needs of children and families" (p. 14). A family-centered approach is a philosophy characterized by specific principles and elements leading to family-centered practices. These practices include: (a) recognition that families are the primary and principal context for promoting child health and well being; (b) respect for family choice and decision making; (c) an emphasis on child and family strengths and resources needed for normalized patterns of living; (d) family-professional partnerships as the catalyst for matching resources to desired choices; and (e) mutual respect between families and professionals as they work together to achieve desired outcomes (Salisbury & Dunst, 1997). These principles are ingrained in the services integration approach we have developed and reflect a participatory, strengths-based perspective to working with children and families and evaluating the impact of our work (Powell, Batsche, Ferro, Fox, & Dunlap, 1997; Trivette, Dunst, Deal, Hamby, & Sexton, 1994).

1.2 EXPECTATIONS OF CASE COORDINATORS

Purpose: *To review the objectives of this guide.*

KEY POINTS	NOTES / EXAMPLES
Objectives • Understand the core principles that support the CSP • Understand the special education procedures • Understand the specific agencies' service procedures • Identify the activities required to prepare for an initial, quarterly, and annual CSP meeting • Understand how concerns, priorities, and resources are integrated into the CSP • Identify services and supports needed by the child and family • Demonstrate knowledge and skill in using CSP web-based technology **Implement** • Curriculum • Support/accommodation strategies **Understand** • MAP implementation	

1.3 ORGANIZATION OF COLLABORATIVE SUPPORT PLAN PROCEDURES

Purpose: *To orient you to the content of the CSP Guide.*

KEY POINTS	NOTES / EXAMPLES
Overview • The Guide is designed to assist Users with the CSP planning and service delivery process • It does not reflect a completely new idea (some of the procedures are very similar to what is currently being done) • It does introduce a better way to integrate services and supports for children and families **Procedures** • This Guide includes the Special Education forms and procedures • IDEA/MSIP regulation updates are included **Technology** • The CSP process utilizes an extra net system to improve Team Members' communication and service documentation **Resources** • Documents and resources for more information on concepts and procedures are included in the final section of the Guide	

PART 2
THE CSP DOCUMENT

Overview

This section of the Guide is designed to give you a thorough understanding of the rationale, content, and process information necessary to be an effective participant in the CSP process. This section provides an explanation of core principals, information about the format of the CSP document, definitions of key phrases and terms, and procedural details about the CSP meeting eligibility determination and service delivery.

2.1 WHAT'S WORKING AND WHAT'S NOT

Purpose: *To give you an opportunity to discuss what's working and, especially, what's not working in the current service system as a basis for establishing the need for the CSP document and process.*

KEY POINTS	NOTES / EXAMPLES
System Issues • Systems are fragmented and duplicated • Systems are confusing for families to access • Systems compete for limited funds • Systems may provide redundant or conflicting services	
Family Issues • Families find it difficult to manage services that may be required by their children • Families are often asked to repeat the same core of information or undergo similar assessments multiple times • Families receiving multiple services may simultaneously possess several individualized plans meeting the requirements of each service agency • Children and families may have several case managers	

2.2 THE CORE PRINCIPLES OF THE CSP

Purpose: *To introduce the core principles that guide the CSP. This in intended to be a brief introduction and assurance that you understand these concepts and acknowledge their importance in the process.*

KEY POINTS	NOTES / EXAMPLES
Context Principles	
• Family-Centered	**NOTE**:Family-Centeredness recognizes the centrality of the family in the lives of individuals. It is guided by fully-informed choices made by the family and focuses upon the strengths and capabilities of these families. [Adapted from the Beach Center on Families and Disability, The University of Kansas]
• Individualized	
• Natural Environment	**NOTE:** Natural Environment means people, places and things that support us in everyday life to live full lives....while natural environments / supports are naturally available, they must be thoughtfully planned, intentionally facilitated, and consistently evaluated.
Process Principles	
• Preparation	
• Collaboration	
• Consensus	
Agency Principles	
• Recognition that each organization has its own guiding principles	
• Recognition that each organization has its own policies and procedures	

2.3 WHAT IS THE CSP?

Purpose: *To define the CSP and discuss its benefits in serving children and families.*

KEY POINTS	NOTES / EXAMPLES
Definition • The CSP is a single, unified plan • The CSP represents the integration of program plans historically used by partner agencies • The CSP is the IEP, IFSP, IHP, ITP, IPP, Person-Centered Plan, Family Directed Support Plan, Family Support Team Plan, etc. **Purpose** • To enhance, support, and improve integration and delivery of intervention and family support services in the local community • To optimize resources by broadening the scope and improving the integration of existing interagency initiatives • To enhance positive outcomes for children and their families.	

2.4 WHO USES THE CSP?

Purpose: *To identify individuals and agencies who may be involved in the CSP process.*

KEY POINTS	NOTES / EXAMPLES
Partners in the Process • The CSP is used by all agencies and individuals involved in the planning and delivery of services for the child and family • Partner agencies and individuals are those that most directly have responsibility for supporting the needs of the child or family	

2.5 COMPONENTS OF THE CSP DOCUMENT

Purpose: *To introduce the main components of the CSP document.*

KEY POINTS	NOTES / EXAMPLES
Components of the CSP Document • Confidentiality and Consent Statement • Child / Family Information • Agency Information • Service and Support Information	**A CSP Document is included in Appendix A..*

2.5.1 CONFIDENTIALITY AND CONSENT STATEMENT

Purpose: *To familiarize you with the confidentiality and consent statement used by state and local organizations and to discuss the potential need for amendment to this consent as required by individual partner agencies.*

KEY POINTS	NOTES / EXAMPLES
Confidentiality and Consent • The CSP confidentiality statement requires that information be maintained and release in accordance with the Family Educational Rights and Privacy Act (FERPA) or 1974. The FERPA specifies rights related to educational records. This act gives the parent or guardian the right to: 1. inspect and review their child's educational records; 2. make copies of these records; 3. receive a list of all individuals having access to those records; 4. ask for an explanation of any item in the records; 5. ask for an amendment to any report on the grounds that it is inaccurate, misleading, or violates the child's rights. 6. A hearing on the issues if the school refuses to make the amendment. • Individual agencies are responsible for additional confidentiality / consent guidelines as required • Written consent for records (include **Form 2.5.1A**)	**Note**: Form **2.5.1A** is included in Appendix B, page B1.

- **All organizations and individuals signing this document agree not to share development and implementation of the Collaborative Support Pan with any other agency or individual without the informed, written consent of the child's parent or legal guardian. It is expressly understood that the parent or legal guardian may withdraw his/her consent for release of information to individuals or organizations at any time.**

- Cum folder access signature page (include **Form 2.5.1B**).

Note: This should pop-up automatically on the documents. If you have an old version, you will need to type it in.

Note: Confidentiality includes ANY discussion about the child. This means away from school or at school you ARE NOT free to discuss ANY circumstances about the child. Discussions can happen only on a need to know basis.

Note: Form **2.5.1B** included in Appendix B, page B2.

2.5.2 CHILD AND FAMILY INFORMATION

Purpose: *To describe and define child and family information required for the evaluation and documentation of the CSP process.*

KEY POINTS	NOTES / EXAMPLES
• Collect Demographic Information	
• CSP Referral and Evaluation Process	
1. Send parent/guardian form letter from Office of Educational Support Services. (**Form 2.5.2A**)	**Note: Form 2.5.2A and 2.5.2B** are included in Appendix B, pages B3 and B4
2. Complete Review of Screening Information Form (**Form 2.5.2B**)	**Note: Form 2.5.2B** is included in Appendix B, page B4
3. Complete health history information (**Form 2.5.2D**)	**Note: Form 2.5.2C** is included in Appendix B, page B5
4. Complete Referral Form with all required information (**Form 2.5.2B**)	**Note:** Family background needs to describe home environment over time; family system(s); resources, and any agencies involved with the family. Educational history needs to describe: •schools attended •enrollment dates •attendance record •grades retained •previous evaluation(s) Educational performance needs to describe: • report card (progress report information) •teacher reports and observations • efforts to modify the regular education program in the areas of intellectual, cognitive, adaptive behavior, academic achievement, speech and language, and social/ emotional development.

5. Provide Parent/Guardian Questionnaire form and request it be completed. **(Form 2.5.2E)**

Note: Form 2.5.2E is included in Appendix B, pages B7 - B10

6. Inform Parent/Guardian of Plan of Action meeting **(Form 2.5.2J)**

Note: Form 2.5.2J is included in Appendix B, page B26

7. Complete Plan of Action Form **(Form 2.5.2F)** and Plan of Action Conference Documentation Form and decide if evaluation is warranted. **(Form 2.5.2F)**

Note: If the evaluation is not warranted at this time, See Step #10.

Note: Form 2.5.2F are included in Appendix B, pages B11 and B12.

8. Inform Parent/Guardian if evaluation is warranted, complete the Consent to Evaluate form and secure Parent/Guardian signature. **(Form 2.5.2G)**

Note: Parents/Guardians have to be given 10 days to reconsider.
Note: Parent/Guardian signature MUST be obtained **NO LATER THAN 30 Calendar days from the referral. REFERRAL FORM DATE (FORM 2.5.2B)**

Note: Form 2.5.2G can be found in Appendix B, pages B13 and B14

9. Provide Parent/Guardian a copy of their Procedural Safeguards and explain their rights. **(Form 2.5.2H)**

Note: Parent/Guardian **MUST** sign statement that Procedural Safeguards were provided to them. **(Form 2.5.2G)**

Note: Form 2.5.2H can be found in Appendix B, page 25

10. Inform Parent/Guardian if an evaluation is **NOT** warranted, complete the Notice of Action form and secure Parent/Guardian signature. **(Form 2.5.2I)**

Note: Parent/Guardian signature **MUST** Be obtained **NO LATER THAN 30 CALENDAR DAYS FROM THE REFERRAL FORM DATE (Form 2.5.2B)**

Note: Form 2.5.2I can be found in Appendix B, page 27

11. Provide Parent/Guardian a copy of their Procedural Safeguards and explain their rights. **(Form 2.5.2H)**

Note: Parent/Guardian **MAY** invoke Independent Evaluation rights. If so, the principal should contact the Office of Education Support Services.

12. Complete prescribed evaluation as stated on Plan of Action form **(Form 2.5.2F)** and write a Diagnostic Summary Report. (Report included in CSP technology system)

Example: Sample report can be found in **Appendix A**.

13. Inform Parent/Guardian of Diagnostic Summary Eligibility Determination meeting. Send Notice of Conference Form (**Form 2.5.2J**)

Note: Meeting **MUST** occur **NO LATER THAN 45** calendar day after the Consent to Evaluate form date (**FORM 2.5.2G**)

14. Inform Parent/Guardian of eligibility for special education services. **ALL** team members must sign Diagnostic Summary Report. The date of this meeting is the Diagnostic Team Date. Conference should be documented on the CSP Documentation Form. (**Form 2.5.2K**)

Note: Provide Parent/Guardian with Procedural Safeguards as described in #9 of this section. (**Form 2.5.2L**)

Note: Form 2.5.2K can be found in Appendix B, page B28 and B29

15. Inform Parent/Guardian of Collaborative Support Plan conference. (**Form 2.5.2J**) **Be sure** to invite **ALL** collaborating agency personnel to ensure the coordination of **ALL** services. Conference should be documented on the CSP Documentation Form. (**Form 2.5.2K and Form 2.5.2K**)

Note: This can be done at Diagnostic Summary Eligibility Determination meeting. If so noted on the Notice of Conference Form (**Form 2.5.2K**)

Note: This meeting **MUST OCCUR NO LATER THAN 30 CALENDAR DAYS** after the Diagnostic Summary Eligibility Determination meeting date.

Note: Goals, objectives and description of services **MUST** have:

1. input from **All** team members
2. goals stated in long range expectancies
3. objectives stated in short term expectancies
4. goals and objectives that are measurable.
5. clear understanding by **ALL** team members of expectations and services. Complete Student Weekly Schedule Form (**Form 2.5.2L**) **Form 2.5.2L** can be found in Appendix B, page 30
6. description of how progress will be reported to team members

16. Inform parent/guardian that written consent **MUST** be obtained before the student can be placed in Special Education services. Complete

the Notice of Action Form **(Form 2.5.2I)** Give the parent/guardian a copy of the Procedural Safeguards. **(Form 2.5.2H)**

17. Input **ALL** documented information into the CSP technology system.

18. CSP progress must be reported at least every school quarter based on conferences and service criteria .

NOTE: An updated plan MUST be written during the beginning of each school year. The plan must be rewritten if diagnosis, services or goals change.

2.5.3 AGENCY INFORMATION

Purpose: *To describe and define agency information required for the CSP document.*

KEY POINTS	NOTES / EXAMPLES
CSP Status • To note the intent or reason for the Meeting • Check all that apply **Dates, Disability and Source** • Key CSP Dates • Identified Disability (select from pull-down menu or list at bottom page on document • Source of Disability (e.g., name of agency / professional making diagnosis **Regular / Special Education %** • Represents the percentage of time the student receives regular or special education services **Collaborating Agencies** • Inquire from family about the other agencies used for support of the student or family • Enter Agency name; case worker's name; phone number; e-mail address; and agency address • Decide if case worker should be listed on CSP security data base for access to document. If so, please call 521-2907, ext. 406 or 438. A name and Social Security number will be needed.	

2.5.4 SERVICE AND SUPPORT INFORMATION

Purpose: *To describe and define service and support information required for the CSP document.*

KEY POINTS	NOTES / EXAMPLES
Access to General Education and Curriculum • Describe the supports that will be provided which will ensure appropriate access to the general education curriculum	
Support Services • Describe the supplemental aids and support services which will be provided by the special education staff/service. • A statement must be made as to the location, frequency and duration, for special education as well as for any modification or supports that will be provided. • Include a statement which documents that the team considered the need for assistive technology. • Describe if the student will participate in **physical education**. If yes, please describe if it will be adaptive, regular education with support or modifications (list all supports), or regular education with no support services. • A statement indicating participation in extra curricular / non academic activities.	**Note:** Include date(s) when services will begin and end. (anticipated duration)

Regular Education Support

- A statement must be made describing program modifications or supports to which the child will be educated and participate with nondisabled peers.

- A statement of the extent to which the student will not participate in the general class or general education curriculum must be included

Related Services

- A related service means transportation and such developmental corrective and other supportive services including: speech - language pathology, audiology services, psychological services, physical therapy, occupational therapy, recreational therapy, counseling services, social work services, school health services, special transportation, assistive technology services and devices, rehabilitation counseling services, transition services, medical services (for diagnostic or evaluation purposes only), orientation services and mobility services

Note: include date(s) when services will begin and end.

Comments

- For example, to list additional review dates, outline transition steps

- Describe any additional information as needed

Family Assessment / Background

- Family gives consent for assessments to be included in CSP, such as: social family assessment, family needs assessment, family dynamics assessment, etc.

- Assessment required and must be included for First Steps services

Note:
- Family System
- Agencies Involvement
- Resources
- Home Environment

Family Support

- Describe any additional supports or specific services the family will be implementing

Note: For example, the family will be responsible to sign the agenda each night. Another example, physical therapy will be implemented by the family for medical reasons.

Extended School Year

- Statement describing eligibility for ESY services

- Documentation of regression and recoupment statement must be included

Note: See form in Appendix B pages B, pages 32 and B33 when registering a student for ESY services. **Quarterly Progress Reports** need to reflect documentation of regression and recoupment. This provides evidence of eligibility for ESY services.

Participation in Extra Curricular School Activities

- Statement must be made about participation in extracurricular / nonacademic school activities

Transition Plan

- A statement of transition services must be included by 6 months before 3rd birthday

- A statement of transition services focusing on the students' course of study must be included by age 14 and updated annually.

- A statement of transition services including a statement of interagency responsibilities or any needed linkages must be included and implemented by age 16. The plan must be updated annually.

MO Assessment Program (MAP)

- A statement must be made about the students' participation on the MAP and if any modifications are required
- A description of all modifications must be provided.

- A statement must be provided when the student is participating in the MO Alternate Program (MAP-A) The student must be eligible for this program. Criteria should be obtained from the curriculum and assessment office.

Justification for Placement

- Place statement from agency (e.g., DMH, DFS, DVR) if available

- Statements will appear on the CSP report and can also be obtained from the agencies

Present Level of Performance Statement

- Strengths, current levels of functioning, developmental needs

- Statement must be made about all areas of functioning with specific criterion data

Goals and Support Plan

- Statement of Goal including short term instructional objectives
- Criterion statement must describe measurable outcome(s) and timeline(s).
- Criterion Notes must include statement describing method(s) and tool(s) for measuring expected outcome(s).

Progress and Progress Notes

- Quarterly progress is recorded by goal and a descriptive statement of progress must be included in the progress notes section

Team Member Roster

- **Team Coordinator** must be identified on this roster

- Signed at CSP Meeting or when CSP document is reviewed following the meeting

Note: Statement will appear electronically in each report. The team can add specific information if needed or desired.

Example: Joshua is at 3.2 grade equivalency as measured by the WRMT.

Services

- Select service placement
- Select Related Service
- Select Dismissal when applicable
- Select implementer of service
- Select location of service
- Describe specific information about the service as needed.
- Input the number of minutes the service will be provided

2.6 INTENDED OUTCOMES OF THE CSP PROCESS

Purpose: *To provide a summary of the key outcomes for professionals and family members involved in the CSP process.*

KEY POINTS	NOTES / EXAMPLES
Potential Family Outcomes • Attendance at planning meetings • One plan instead of many • Improved decision-making • Improved coordination of services • Enhanced knowledge of resources • Minimized intrusion into the home **Potential Agency Outcomes** • One unified plan • Improved decision-making with multiple perspectives • Pooled resources • Enhanced rapport among team members • Greater access to information from other team members • More time for service provision	

PART 3

THE CSP PLANNING AND SERVICE DELIVERY PROCESS

Overview

This section of the Guide provides essential information about the procedures, expectations, materials, and follow-up requirements associated with the CSP process. CSP Team development will be described along with the roles and responsibilities of those involved with the CSP process.

3.1 INDIVIDUALIZING THE CSP TEAM

Purpose: *To focus on the individualized needs of the child and family when planning for the CSP.*

KEY POINTS	NOTES
Overview • Each CSP team will be different ---tailored to the individual needs of the child / family • Teams will be drawn from several agencies and organizations in the community • Some children will be new to the system • Other children will be known to the system and may have existing sets of "plans" • Many children / families will be involved with multiple agencies and professionals • Point and time of entry will vary	

3.2 CONSTITUTING A CSP TEAM

Purpose: *To discuss team composition and the changing needs of the team.*

KEY POINTS	NOTES
Team Composition • Child • Family • Individuals selected by the family • Team Coordinator • Other professionals involved in the planning and delivery of services and support for the child / family. **Changing Needs** • Professionals who will be integral in the planning process will change as the needs and progress of the child / family change • Case Coordinator will change as determined by the Team	

3.3 PREPARING FOR THE CSP TEAM
Case Team Coordinator Responsibilities

Purpose: *To describe procedures for identifying the Case Coordinator and initiating the planning process.*

KEY POINTS	NOTES
The Case Coordinator • The Case Coordinator will initially be the person assigned to the child / family at the child's point of entry into a service delivery system prior to the development of the CSP. • The Case Coordinator will then be determined by the Team • The family may elect to serve as the Case Coordinator	

Case Coordinator Responsibilities

- Work with family to obtain background information
- Address emergency needs of the child and family
- Help family identify who to include on CSP Team / Meeting
- Establish date for CSP Meeting
- Accommodate special needs for attendees
- Coordinate Team Meeting
- Become familiar with the online CSP and decide who will enter it during the Meeting
- Make sure all relevant Team Members are added to the User database (e.g., Team Coordinators and Implementers / service providers)

3.4 PREPARING FOR THE CSP MEETING
Team Member Responsibilities

Purpose: *To describe Team Member responsibilities for preparing for the CSP Meeting.*

KEY POINTS	NOTES/EXAMPLES
Team Member Responsibilities • Review child and family information • Gather necessary paperwork and signatures • Identify child and family strengths and needs • Address requirements of other agency	

3.5 CSP MEETING PROCEDURES

Purpose: *To review CSP Meeting procedures and Team Member responsibilities for meeting the identified needs of the child and family.*

KEY POINTS	NOTES / EXAMPLES
CSP Meeting • Name tags / sign-in sheet • Have an experienced individual enter information on the website or on a blank document during the meeting • Other roles as determined by the Team (e.g., timekeeper, recorder of minutes, etc.) • Meet individual needs of Team Members (e.g., interpreter) • Make sure CSP information is entered before proceeding with the meeting • Distribute website and password information to Team Members • Gather information for Team Members that need to be added to the database • Introductions Roles / Responsibilities • Procedural Review • Assessment Summary • Performance Statement • Support Plan • Meeting Evaluations	

3.6 OUTCOMES OF THE CSP MEETING
Case Coordinator Responsibilities

Purpose: *To describe Case Coordinator responsibilities to their respective agencies, the child and family, and other Team Members.*

KEY POINTS	NOTES / EXAMPLES
Case Coordinator Responsibilities • Review the completed CSP with the family • Maintain regular and ongoing contact with the family • Encourage ongoing feedback from all Team Members • Monitor record keeping done by Team Members via the Extranet • Assist the family in evaluating progress toward meeting identified needs and addressing new needs and/or emergencies	

OUTCOMES OF THE CSP PROCESS
Team Member Responsibilities

Purpose: *To describe Team Member responsibilities to their respective agencies, the child and family, and other Team Members*

KEY POINTS	NOTES / EXAMPLES
Team Member Responsibilities • Update progress notes regularly • Address discrepancies or new needs as they arise • Keep lines of communication open with *all* Team Members (those with and without computer access) • Establish a method of dealing with problems or circumstances collectively • Use the Extranet and E-mail as additional networking tools	

4.3 GENERATING AND USING THE ONLINE CSP

Purpose: *To provide information to all Team Members about how to create and / or navigate a CSP, and how to obtain important information about the child / family's progress toward the established goals.*

TIPS FOR USING THE ONLINE CSP

- All dates should be entered in the format mm/dd/yy and all Social Security numbers should be entered in the format ###-##-####.

- Click **Save** at the bottom of each page when new information is added or changes are made.

- **If information is deleted, it must be reentered.**

- In addition to the navigation menus on each page, you can use your browser's **Back** button to retrace your steps. (Note: Using the Back button will not Undo something after you click Save.)

- When filling out an online form with many text boxes, you can press **Tab** to move the cursor through the boxes.

- Some text boxes are filled in with a paragraph of default text. If you do not want to use the default text, highlight the paragraph and press delete or cut, and type in your own text.

- When adding comments / progress notes to a text box that already contains others' comments, type '////' at the beginning and end of your comments to separate them from the others. Example:////D. Jones, 555-3333, djones@place.edu Comments: //// B. Anderson, 555-4332, bander@place.edu Comments: ////.

KEY POINTS	NOTES / EXAMPLES

Adding a CSP for a Student

1. Search for or add a student as indicated on the previous page.

2. From the bottom of the Student Detail page under Add a CSP, click **Add.**

3. Now at the bottom of the Student Detail page under CSP, click the last Creating Date listed to start the new CSP.

CSP Detail

1. On the CSP Detail page, fill in the first page of information and click **Save** at the bottom of the page. Select **CSP-2** from the menu at the top of the page. Fill out the information that is relevant to your agency, then click **Save**. Now you can complete the other components of the CSP or click the browser's **Back** button to add another CSP.

2. If you change any information, or plan on exiting, click **Save** again to update the database.

PART 4

TECHNOLOGY

Overview

The online CSP document is part of the school district's Special Education Tracking System (SETS) Extranet* database. This section provides information about how our online CSP technology can be accessed using your existing Internet and E-mail systems. Basic training will be provided for accessing, creating, and editing records and you will be given an opportunity to practice these procedures during the inservice. This inservice will not, however, teach novices *how to use the Internet or E-mail.*

*Difference between 'Internet', 'Intranet' and 'Extranet': The Internet consists of sites that are advertised and available to visit by anyone. An Intranet consists of sites that are not advertised and are only available to persons within an organization's network. An Extranet consists of sites that are also not advertised and are available to persons within an organization's network (the school district) and selected other persons (outside agencies, parents, etc.) through secure access.

4.1 ONLINE CSP AND ALTERNATIVES

Purpose: *To describe "high tech" and "low tech "options for completing the CSP.*

KEY POINTS	NOTES / EXAMPLES
• Process for developing the CSP is identical whether you use the Extranet technology or not • The technology is there to facilitate the Team's communication and collaboration • "Low tech" strategies can be enhanced to improve coordination, collaboration, and communication (Example: The Comments Section of the CSP could be used to note how communication can be maintained with all Team Members, such as identifying Team Members who do not have online access so they can be sent hard copies of the CSP document and updates)	(Example: The Comments Section of the CSP could be used to note how communication can be maintained with all Team Members, such as identifying Team Members who do not have online access so they can be sent hard copies of the CSP document and updates)

Purpose: *To develop an understanding of the steps taken to ensure confidentiality and discrete operation of the Extranet.*

KEY POINTS	NOTES / EXAMPLES
Six Levels of Security • Unadvertised website address furnished only to Team Members • User name and password to get for access • Category of access matches user name • Social Security number of Team Member for access • Social Security number of student for access to student records • Security monitored at the District Office • Software developer level monitoring	

4.3 GENERATING AND USING THE ONLINE CSP

Purpose: *To provide information to all Team Members about how to create and / or navigate a CSP, and how to obtain important information about the child / family's progress toward the established goals.*

TIPS FOR USING THE ONLINE CSP

- All dates should be entered in the format mm/dd/yy and all Social Security numbers should be entered in the format ###-##-####.
- Click **Save** at the bottom of each page when new information is added or changes are made.
- **If information is deleted, it must be reentered.**
- In addition to the navigation menus on each page, you can use your browser's **Back** button to retrace your steps. (Note: Using the Back button will not Undo something after you click Save.)
- When filling out an online form with many text boxes, you can press **Tab** to move the cursor through the boxes.
- Some text boxes are filled in with a paragraph of default text. If you do not want to use the default text, highlight the paragraph and press delete or cut, and type in your own text.
- When adding comments / progress notes to a text box that already contains others' comments, type '////' at the beginning and end of your comments to separate them from the others. Example://///D. Jones, 555-3333, djones@place.edu Comments: ///// B. Anderson, 555-4332, bander@place.edu Comments: /////.

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KEY POINTS	NOTES / EXAMPLES
There are three levels of access for the Online CSP: *Implementer* access is for anyone responsible for providing a specific service for the child/family. *Coordinator* access is for the case coordinator, and *Team Member access* is for others who do not directly provide a service, including parents. **How to Log-in to the SETS Website** 1. Using your internet browser, type in the web address given to you at the CSP meeting. 2. Click on your access level (Member, Implementer, or Coordinator). 3. Enter your Username and Password in the dialog box and click **OK**. 4. Enter your Social Security number (###-##-####) and click **Search**. This will take you to the Coordinator Main Menu.	

KEY POINTS	NOTES / EXAMPLES

Adding a Student to the Database

1. Click **Students** on the Coordinator Main Menu.

2. Enter the student's Social Security number and the Add Textbox and click **Add** to go to the Student Detail page.

3. Fill in the student's demographic information as completely as possible and click **Save** at the bottom of the page.

4. If you change any information, or plan on exiting, click **Save** again to update the database.

Searching for a Student

1. Click **Students** on the Coordinator Main Menu.

2. Under **Search**, enter the student's Social Security number or Last / Full name and click **Search** to get a list of students.

3. Click the correct student to go to the Student Detail page.

KEY POINTS	NOTES / EXAMPLES
Adding a Team Member to the Database 1. From the Coordinator Main Menu, click **Members**, then enter the Member's name and click **Add** to go to the Member Detail page. 2. Enter the contact information and click **Save.** 3. Now that the person is added to the database, she/he can be added to a CSP Team.	

KEY POINTS	NOTES / EXAMPLES

Adding a CSP for a Student

1. Search for or add a student as indicated on the previous page.

2. From the bottom of the Student Detail page under Add a CSP, click **Add.**

3. Now at the bottom of the Student Detail page under CSP, click the last Creating Date listed to start the new CSP.

CSP Detail

1. On the CSP Detail page, fill in the first page of information and click **Save** at the bottom of the page. Select **CSP-2** from the menu at the top of the page. Fill out the information that is relevant to your agency, then click **Save**. Now you can complete the other components of the CSP or click the browser's **Back** button to add another CSP.

2. If you change any information, or plan on exiting, click **Save** again to update the database.

KEY POINTS	NOTES / EXAMPLES
CSP Goals, Services, Team, and Report At the top of the CSP Detail page is a menu of the other components of the CSP: Goals, Services, Team, and CSP Report. 1. Click **Goals** to go to the CSP Goals page: a. Select an implementer, type in a goal, then click **Add**. b. Now click on the goal and fill in all information on the Goal Detail page. c. Click **Save** at the bottom of the Goal Detail page to update the database, and click again if information changes or you plan to exit. d. Click the **Back** button on your browser to return to the CSP Goals page. Here you can add more goals or continue filling out the CSP.	

KEY POINTS	NOTES / EXAMPLES
2. Click **Services** to go to the CSP Services page: a. Select a service and an implementer, then click **Add.** b. Now click on the service and fill in all information on the Service Detail page. c. Click **Save** at the bottom of the Service Detail page to update the database. d. Click the **Back** button on your browser to return to the CSP Services page. Here you can add more services or continue filling out the CSP. 3. Click **Team** to go to the CSP Team page. Here you can view Team Member information. To add a member to the team: a. Select the first letter of the member's last name. b. Choose the new team member from the list of names. c. Fill in the Team Role and Attended Meeting fields and click **Save** at the bottom of the page. d. Click CSP to return to the CSP Team page.	

KEY POINTS	NOTES / EXAMPLES
4. Click **CSP Report** to generate a printable report of all sections of the CSP. Check to see that all information is correct, and print out a copy for dissemination to Team Members without computer access.	

KEY POINTS	NOTES / EXAMPLES
Adding a Diagnostic Summary 1. Search for or add a student as previously mentioned. 2. From the bottom of the Student Detail page under Add a Diagnostic Summary, click **Add.** 3. Now at the bottom of the Student Detail page under Diagnostic Summaries, click the last Creation Date listed to start the new Summary. 4. Fill in the first page of information on the Diagnostic Summary Detail page and click **Save.** 5. Click Disabilities from the menu at the top of the page to go to the Diagnostic Disabilities page. Here you can view or add a diagnosis. Now you can add Diagnostic Tests or click the browser's **Back** button to add another Diagnostic Summary.	

KEY POINTS	NOTES / EXAMPLES
Diagnostic Team, Tests, and Summary Report At the top of the Diagnostic Summary Detail page is a menu of the other components of the Summary: Team, Tests, and Summary Report. 1. Click **Team** to go to the Diagnostic Team page. Here you can view Diagnostic Team Member information. Diagnostic Team Members directly administer tests and /or determine diagnosis. To add a member to the team: a. Select the first letter of the member's last name. b. Choose from the list of names to add the new team member. 2. Click **Tests** to view or add a diagnostic test. To add a diagnostic test: a. Select a test and an implementer from the drop-down menus and under Add a Test and click **Add**. b. The test will appear in a list on the Diagnostic Tests page. Click on the test name and enter the results, then click **Save** at the bottom of the screen. c. To enter more tests, click on **Diagnostic Summary** at the top of the test page and repeat steps (a) and (b).	

KEY POINTS	NOTES / EXAMPLES
3. Click **Summary Report** at the top of the Summary Detail page to generate a printable report on information from all sections of the Diagnostic Summary. Check to see that all information was saved properly, and print out a copy for dissemination to Team Members without computer access.	

KEY POINTS	NOTES / EXAMPLES
Editing an Existing CSP 1. From the Coordinator Main Menu, click **CSP.** Enter at least one search criterion and click **Search.** Select the CSP from the resulting list to go to the CSP Detail page. 2. From the CSP Detail page, you can use the menu to navigate through the general, Goals, Services and Team sections and read, edit, or delete information. 3. If changes are made, be sure to click **Save** at the bottom of the page to update the database. 4. Click **CSP Report** to read or print the entire CSP with new changes you made.	

KEY POINTS	NOTES / EXAMPLES

Contacting a CSP Team Member

Contact information for Team Members includes **e-mail** addresses, if applicable. There are two primary ways to get Team Member contact information:

1. If you *know* who is on the team, from the Coordinator Main Menu:

a. Click **Members**, enter at least one search criterion for the *Team Member*, then click **Search.**
b. Choose the Team Member from the resulting list to view the Member Detail page which contains contact information.

2. If you *do not know* the Team Member, from the Coordinator Main Menu:

a. Click **CSP**, enter at least one search criterion for the student, then click **Search.**
b. Choose the CSP from the resulting list to view the CSP Detail page.
c. Click **Team** in the CSP menu to view the contact information for *all* Team Members.

KEY POINTS	NOTES / EXAMPLES

Viewing and Editing Existing CSP Goals

1. To work with specific goals:

a. From the Coordinator Main Menu, click **Goals**, enter at least one search criterion, then click **Search.**
b. The resulting list includes all CSP Goals defined in the search, which you can view and edit.
c. If changes are made, be sure to click **Save** at the bottom of the page to update the database.

2. To work with all goals for all students where you serve as implementer:

a. From the Coordinator Main Menu, click **Your Goals.**
b. The resulting list includes all CSP Goals where you are listed as implementer, which you can view and edit.
c. If changes are made, be sure to click **Save** at the bottom of the page to update the database.

KEY POINTS	NOTES / EXAMPLES
Editing an Existing Diagnostic Summary 1. From the Coordinator Main Menu, click **Summaries.** Enter at least one search criterion and click **Search.** Select the Summary from the resulting list to go to the Diagnostic Summary Detail page. 2. From the Diagnostic Summary Detail page, you can use the list to read, edit, add, or delete Diagnostic Tests. 3. If changes are made, be sure to click **Save** at the bottom of the page to update the database. 4. Click **Summary Report** to read or print the entire Summary with the new changes you made.	

KEY POINTS	NOTES / EXAMPLES

Viewing and Editing Existing Diagnostic Tests

1. To work with specific tests:

a. From the Coordinator Main Menu, click **Tests**, enter at least one search criterion, then click **Search.**
b. The resulting list includes all Diagnostic Tests defined in the search, which you can view and edit.
c. If changes are made, be sure to click **Save** at the bottom of the page to update the database.

2. To work with all tests for all students where you serve as implementer:

a. From the Coordinator Main Menu, click **Your Tests.**
b. The resulting list includes all Diagnostic Tests where you are listed as implementer, which you can view and edit.
c. If changes are made, be sure to click **Save** at the bottom of the page to update the database.

KEY POINTS	NOTES / EXAMPLES
There are three levels of access for the Online CSP: *Implementer access* is for anyone responsible for providing a specific service for the child/family, *Team Coordinator access* is for the coordinator, and *Team Member access* is for others who do not directly provide a service, including parents. **How to Log-in to the SETS Website** 1. Using your internet browser, type in the web address given to you at the CSP meeting. 2. Click on your access level (Member, Implementer, or Coordinator). 3. Enter your Username and Password in the dialog box and click **OK**. 4. Enter your Social Security number (###-##-####) and click **Search.** This will take you to the Implementer Main Menu.	

KEY POINTS	NOTES / EXAMPLES
Viewing and Editing Existing Diagnostic Tests To work with all tests for all students where you serve as implementer: a. From the Implementer Main Menu click **Your Tests**. b. The resulting Test List includes all Diagnostic Tests which you can view and edit. c. If changes are made, be sure to click **Save** at the bottom of the page to update the database. **Viewing and Editing Existing CSP Goals** To work with all goals for all students where you serve as implementer: a. From the Implementer Main Menu click **Your Goals**. b. The resulting Goal List includes all CSP Goals which you can view and edit. c. If changes are made, be sure to click **Save** at the bottom of the page to update the database.	

KEY POINTS	NOTES / EXAMPLES
Viewing and Editing Existing CSP Services To work with all services for all students where you serve as an implementer: a. From the Implementer Main Menu click **Your Services** b. The resulting list includes all CSP Services which you can view and edit. c. If changes are made, be sure to click **Save** at the bottom of the page to update the database. **Contacting a CSP Team Member** 1. Using your internet browser, type in the web address given to you at the CSP meeting. 2. Click on **Member** 3. Enter your Username and Password in the dialog box and click **OK.** 4. Enter the student's Social Security number (###-##-####) and click **Search.** This will take you to the Member Menu. 5. Click on CSP to view the CSP Report which included Team Member contact information.	

KEY POINTS	NOTES / EXAMPLES
Viewing a Diagnostic Summary Report 1. Click **Diagnostic Summary** to view information from all sections of the Diagnostic Summary, including Diagnostic Tests for the student.	
Viewing a CSP Report 1. Click **CSP** to view information from all sections of the CSP for this student. 2. You can print out a copy for your records or dissemination to Team Members without computer access.	
Contacting a CSP Team Member From the Implementer Main Menu, click CSP. Contact information for all Team Members appears in the CSP Team section. Contact information for Team Members includes phone numbers and **e-mail** addresses, if applicable.	

PART 5

EVALUATION ACTIVITIES

Overview

The development of the CSP is supported by a grant from the U.S. Department of Education. The grant requires that the impact and effectiveness of this new model for children, families, and service providers be documented. This section provides an overview of the measures and procedures that will be used in our evaluation. It is important to emphasize that during the initial development of the CSP, only those parents who provide signed informed consent will be contacted by the Project for feedback about the CSP process. Similarly, only those agency personnel who have provided signed informed consent will be involved in our evaluation activities.

5.1 OVERVIEW OF EVALUATION ACTIVITIES

Purpose: To provide you with information about the activities that will be necessary to evaluate the CSP document and process.

KEY POINTS	NOTES / EXAMPLES
Evaluation of the Process • Planning • Service Delivery • Child / Family Outcomes • Agency Changes • Adoption • Use	

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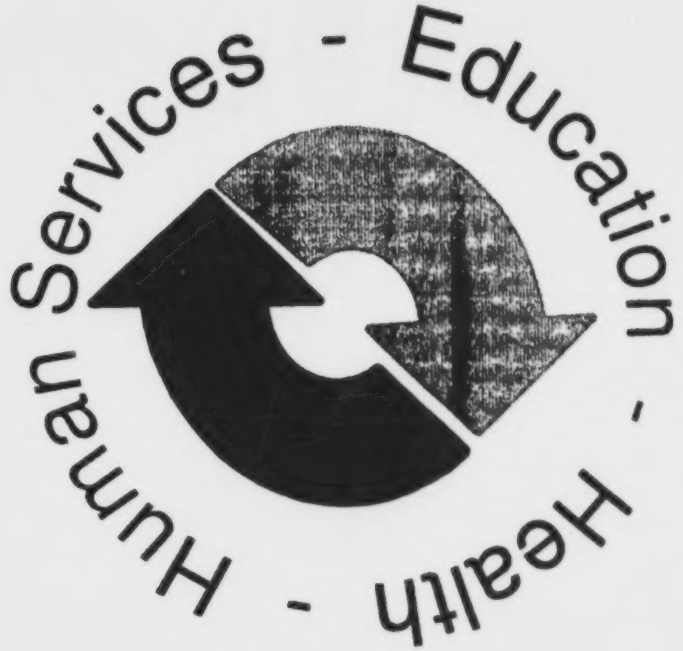
Collaborative Support Plan

Administrator's Guide



Interagency Planning and Support Project

Preparation of this document was supported by a Grant from the U.S. Department of Education, Office of Special Education Programs (HO24B70021) to Allegheny University of the Health Sciences. The opinions expressed herein do not represent those of the U.S. Department of Education and no official endorsement should be inferred.

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FACILITATOR'S GUIDE

Interagency Planning and Support Project

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PART 1

INTRODUCTORY COMMENTS TO THE FACILITATOR

This guide is designed to assist you in conducting inservice sessions for individuals who will be using the Collaborative Support Plan (CSP). This inservice provides information about an approach to integrated planning and delivery of services and supports to children and their families. You will find this Guide useful as a tool to help you through this process and as a resource over time.

The inservice has been designed to be presented by individuals in organizations involved with children and families. As a facilitator, you should understand the underlying concepts and the planning process fully, and be familiar with key issues and practices involved in collaborative service planning and delivery. We also recommend that you practice using the technology developed for the CSP and seek assistance with any problems you encounter before attempting to assist and advise others.

Those attending the inservice will primarily be local professionals working in programs supporting children and families. Other participants may include collaborating professionals from diverse disciplines, administrators, supervisors, support staff, and parents.

The Facilitator's Guide begins with a brief rationale for integrated services and supports which is followed by a series of separate content sections that convey essential information related to this new approach. Each content section is preceded with background information to assist you in framing the material for participants. A side-by-side format is used in each content section of this Guide to convey **key points** and **supporting materials** you will need to train participants on the CSP process.

1.1 CONCEPTUAL BACKGROUND FOR THE FACILITATOR

School-linked services and supports are provided through collaboration among schools, health care providers, and social service agencies. In some models, services and supports are provided or coordinated by personnel located in schools. The model used in the Integrated Planning and Support Project represents a variation of school-linked integrated services. In this model, families and partner agencies collaborate in planning and implementing supports to address priority needs of children with disabilities and their families. Services are coordinated by a primary services coordinator, and are rendered in natural settings in the local community by partner agencies, with the school serving as the hub for planning meetings and co-location of several resource and support services.

Service and support integration is becoming increasingly more visible, due in part to educational reform initiatives, such as GOALS 2000, and the documented relationships among nutrition, health care, family environment, and learning (U.S. Department of Education, 1995). These contextual and individual factors are relevant in relation to federal education policy. According to Bhearman (1997), there are at least three additional reasons for the recent interest in service integration. First, the *geographic accessibility of schools* to families in their local neighborhoods makes schools a familiar and logical hub for education and family support services. Schools are among the first places where the needs of children are first recognized, they have better information and data on children than those programs that see them episodically, and are often more predisposed to collaboration than other agencies. Second, policy makers, professionals, and parents recognize that *schools are inseparable from the communities they serve*. That is, we cannot disengage the school from the community, the child from the family, affect from cognitive goals, or short-term needs from long-term problems. Finally, there is an increased press for *shared responsibility* among many agencies to be accountable for educational outcomes and improvement of prevention strategies designed to promote individual and family resilience and to optimize independence and long-term growth and development. This point is of particular relevance for children with disabilities and their families, especially those children with significant physical and medical disabilities, whose complex management needs can tax the resources of families, local education, and providers (Myers & Blacher, 1987).

Recent changes in the Individuals with Disabilities in Education Act (i.e., IDEA, 1997) direct states to initiate interagency agreements for the purpose of providing or supporting special education and related service needs of children with identified disabilities (Section 611), and developing school-wide plans to improve outcomes for children. Partnerships are formed with agencies involved in or concerned with the education of children, including representatives of vocational education, universities, and public agencies dealing with health, mental health, social services, and juvenile justice (Part D, Sections 652-656). The requirements and opportunities presented by these amendments provide policy support for the development of comprehensive, coordinated services for children with disabilities and their families with agency partners.

The Issue

In a federal analysis of service delivery issues, Gerry (1991) noted six problem areas that directly affect services integration for children with disabilities: 1) children and families are often unable to access needed services because communities do not have a single point of entry; 2) family needs are not approached holistically and a continuum of services is not created as a result of often rigid categorical programs and the failure to involve families in defining needs and priorities; 3) uncoordinated planning and incompatible program structures and procedures impede services and create fragmentation; 4) children and families are discouraged from seeking needed services as a result of conflicting goals, eligibility criteria, and administrative procedures both within and among programs; 5) disincentives in some categorical programs discourage or penalize efforts by children and families to assume responsibility, often by terminating needed services; and 6) needed services are often delayed, inappropriately interrupted, or terminated as a result of the fragmentation of responsibility for planning. The consequences of these policy and procedural issues are significant for children with disabilities, particularly those with severe handicaps, for whom consistency and coordinated service delivery are not only recommended, but essential practice (Carta, Schwartz, Atwater, & McConnell, 1991; Falvey, 1989).

While the Individualized Educational Plan (IEP) is designed to provide an effective array of supports for children with disabilities, there is evidence that the document is often incomplete and the planning process is procedurally flawed (Pyecha et al., 1980; Say, McCollum, & Brightman, 1980). Research indicates that IEP goals are often unrelated to students' needs or are inadequate relative to students' performance levels (Billingsley, 1984; Downing, 1988; Schenck, 1980; Smith 1990; Smith & Simpson, 1989); and that parents are not effectively included as partners in the planning process (Salisbury & Dunst, 1997). The Individualized Family Service Plan (IFSP), in place within the early intervention system, offers a closer approximation of integrated services planning (Lynch, Jackson, Mendoza, & English, 1991; Rosenkotter et al., 1995). However, even that document is limited, with the majority of implementation efforts having been directed at improving the cooperation among existing systems, rather than addressing structural, legal, and fiscal constraints.

What is needed is a comprehensive program plan that is responsive to both child and family needs, is family-centered, and represents a validated approach for integrating education, health, and human services into a coherent, unified plan of support. The literature that specifically addresses school-linked services integration indicates recurring reference to a core of approximately 10 program models over the past 30 years. Findings from that research indicate that validated information about school-linked services is scarce. While the IFSP is intended to include family supports, as well as child-specific services, the document has limitations. There is consensus that the IFSP is inadequate as a mechanism to affect substantive change in the ways in which other agencies do business, and its interagency elements are hampered by a variety of barriers.

The Collaborative Support Plan

The CSP is a mechanism for integrating education, health, and human services for children and their families. The CSP represents the integration of separate, mandated program planning documents from different partner agencies into a single, unified document that meets the preponderance of regulatory requirements among all partner agencies. The CSP is conceptualized as the catalyst for "knitting together" education, health, and human services for children and their families into a comprehensive network of support.

Core Principles

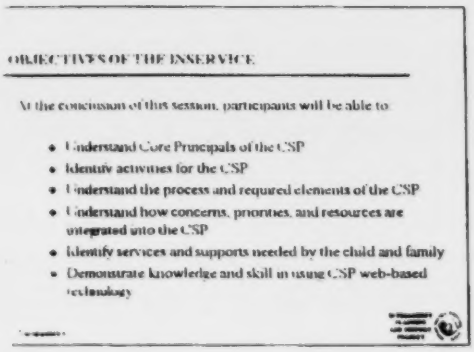
The assumption of this project is that a collaborative support plan will produce better outcomes for children, families, and providers than a traditionally generated IEP implemented by a school district. This approach presumes that **collaborative partnerships among families, schools, and community agencies** are desirable and necessary, and that the complex needs of children with disabilities and their families require flexible, accessible, and comprehensive responses to diverse family-identified needs. Further, the approach presumes that the extent to which families are supported in meeting basic life needs will determine the strength of their ability to interact in partnership with their children's programs and the professionals who support their children (Bailey, Buysse, Edmonson, & Smith, 1992; Dunst, Trivette, & Johanson, 1994; Karp, 1996; Johnson, 1990). This conceptual perspective assumes that to effectively and efficiently address child and family needs, education, health, and human services must transcend the boundaries of a single agency and mobilize existing resources of communities in ways that support the **individualized priorities and needs of families and their children.**

School and education reform initiatives call for the adoption of **family-centered principles and practices** as one way of promoting increased family-school-community collaboration and partnerships (Melaville, Blank, & Asayesh, 1993; U.S. Department of Education, 1996). According to Melaville et al. (1993), adoption of family-centered practices leads to pro-family schools that

"flex and adapt [school] procedures to meet the needs of children and families" (p.14). A family-centered approach is a philosophy characterized by specific principles and elements leading to family-centered practices. These practices include: (a) recognition that families are the primary and principal context for promoting child health and well being; (b) respect for family choice and decision making; (c) an emphasis on child and family strengths and resources needed for normalized patterns of living; (d) family-professional partnerships as the catalyst for matching resources to desired choices; and (e) mutual respect between families and professionals as they work together to achieve desired outcomes (Salisbury & Dunst, 1997). These principles are ingrained in the services integration approach we have developed and reflect a participatory, strengths-based perspective to working with children and families and evaluating the impact of our work (Powell, Batsche, Ferro, Fox, & Dunlap, 1997; Trivette, Dunst, Deal, Hamby, & Sexton, 1994).

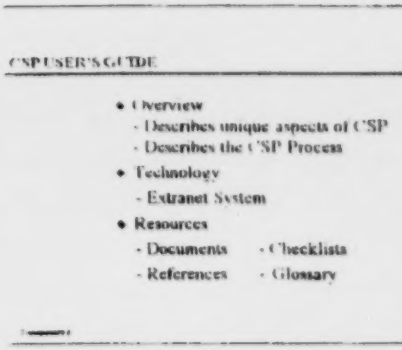
1.2 OBJECTIVES OF THE INSERVICE

Purpose: To review the objectives of the inservice.

KEY POINTS	SUPPORTING MATERIALS
Objectives ▸ Understand the core principles that support the CSP ▸ Identify the activities required to prepare for an initial or annual CSP meeting ▸ Understand the process and required elements of the CSP ▸ Understand how concerns, priorities, and resources are integrated into the CSP ▸ Identify services and supports needed by the child and family ▸ Demonstrate knowledge and skill in using CSP web-based technology	Transparency 1 **Objectives of the Inservice** 

1.3 ORGANIZATION OF THE USER'S GUIDE

Purpose: To orient the User to the content of the CSP User's Guide.

KEY POINTS	SUPPORTING MATERIALS
Overview ▸ The Guide is designed to assist Users with the CSP planning and service delivery process ▸ It does not reflect a completely new idea (some of the procedures are very similar to what is currently being done) ▸ It does introduce a better way to integrate services and supports for children and families **Technology** ▸ The CSP process utilizes an extranet system to improve Team Members' communication and service documentation **Resources** ▸ Documents and resources for more information on concepts and procedures are included in the final section of the Guide	Transparency 2 **CSP User's Guide** 

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Documenting Change in Early Intervention Service System Research

Christine Salisbury
University of Illinois-Chicago
Samuel Odom
Indiana University

Conference on Research Innovations
in Early Intervention
2002

Projects Funded to Address Service Delivery Systems Issues

Interagency Planning and Support Project (IPSP)

- Development of interagency services integration model
- Focus: adoption and utilization
- Intervention targets: policies, structures, practices
- Single site
- Mixed methods, repeated measures on families, providers, system

Early Childhood Research Institute on Preschool Inclusion (ECRII)

- Descriptive research about inclusive preschool service programs
- Focus: implementation
- Research targets: factors affecting maintenance of inclusion
- Multi-site
- Mixed method and longitudinal

IPSP: Adoption and utilization of integrated services model

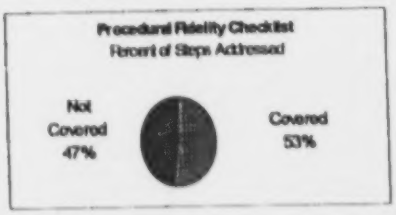
Extant approaches to service coordination and integration have traditionally sought to improve cooperation among existing agencies (systems) rather than address policy, structural, procedural, and practice barriers (Lynch et al, 1991; Roberts, Behl, & Akers, 1996). Strategies previously found to be effective in promoting systemic change (Roach, Salisbury, & McGregor, in press; Salisbury, Strieker, Roach, & McGregor, 2001) were applied to the issue of service integration and coordination for Part C eligible children in a metropolitan community.

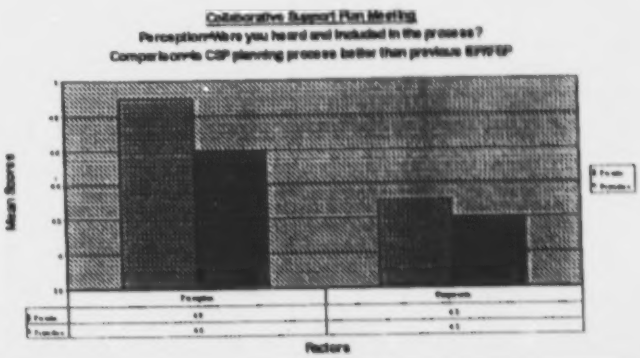
IPSP Study Methods

- Observation of meeting dynamics; feedback from meeting participants; program plan analysis; provider and parent surveys; surveillance calls to parents; documentation of policy shifts, procedural changes, and structural shifts in the system
- Data collected on 23 families, 30 providers at 3 time points
- Analysis and interpretation of findings using local constituent partners

CSP Meeting Data

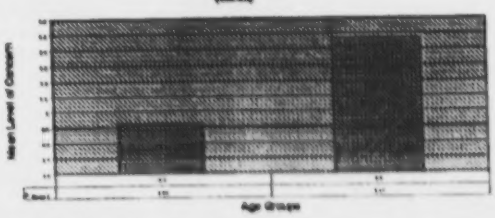
- **Fidelity of meeting process**
- **Participant feedback on CSP meetings (n=114)**

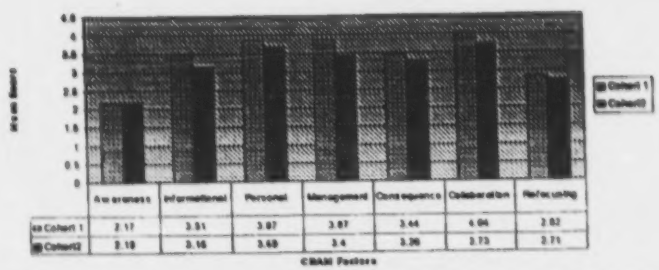




Concerns of Providers about Adoption/Utilization of CSP plan/process by

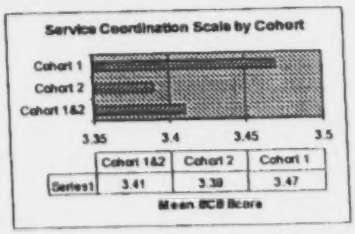
- **Age group of children served**
- **Cohort and CBAM Factors (n=30)**

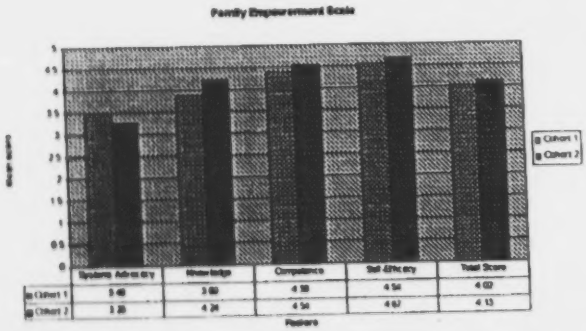




Reported level of service coordination for providers in Cohorts 1 and 2 (n=30)

Responses on the Family Empowerment Scale for parents in Cohorts 1 and 2 (n=23)





Factors and Events Influencing Model Development, Adoption, & Utilization

1997	1998	1999	2000	2001	2002
IDEA reauthorized	CSP web software developed	IPSP gets OSEP assist.	IPSP gets OSEP assist.		
State Sped funding formula changed	IPSP meets with policy makers	DMH Director leaves	Change in DMH regional leadership		
IPSP meets with state policy makers	OSEP monitors/ state non-compliant	State finally received IDEA regulations	State changes IFSP format/ balks on CSP		
	CSP supported as option	State SpEd commissioner retires	District hires new SpEd coord.		
		Superint. retires	District implements new CSP procedures	HIPPA hits	
		Data collection started Cohort 1	Changes in CSP scheduling	Sample locus shifted	Ending data collection
monthly local task force mtg →			quarterly task force meetings		
	Inservice trng.	Inservice trng.	Inservice trng.	Inservice trng.	

IPSP SYSTEMIC CHANGES

POLICY	STRUCTURE	PRACTICE
District adopts CSP as IEP and IPSP for all students	Developed single program plan for use by all partner organizations/families	Provided training on CSP and associated procedures to over 85 educators, caseworkers, and staff development reps from partner agencies
CSP endorsed as acceptable program plan by mental health, social services, juvenile court, and psychiatric service agencies	Integrated MAPS, Essential Lifestyle, and Person Centered planning processes of partner agencies into single process	Expanded caseworkers', teachers', and parents' knowledge about local resources, roles/responsibilities, eligibility criteria, and procedural requirements of partner agencies
CSP User's Guide adopted by District as procedural guide for special education services	Developed web-based access to CSP	Documented shifts in composition and nature of CSP meetings
Funding blended to support CSP implementation	Co-located DYS and DMH caseworkers in elementary school buildings to promote collaboration	Documented improvements in communication and coordination among agency partners
Commissioner level support obtained for CSP as program planning option (later waffled by DESE)	Conducted joint (interagency) staff development sessions on CSP, planning process, and its local implementation	
Technical guidance received from OSEP on how to strengthen CSP compliance with IDEA 97 Amendments	DMH and DYS re-deployed caseworkers regionally to support coordination with District services/personnel	
Technical guidance received from OSEP on how to address confidentiality issues encountered in cross-agency services integration		

IPSP Findings

- Policy-linked change is key to durable impact
- Surface changes made quickly
- Deeper changes in policies, processes, structures, attitudes, and entrenched practices more problematic in 4 year period
- Collaboration as measurable factor elusive, yet key
- Key themes: authority, ownership, follow-through, communication, turn-over, process

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ECRII: Factors Affecting Maintenance of Inclusion

An initial study by researchers from ECRII found that the establishment of inclusive programs appears to be related to specific factors such as key personnel, shared vision of participants, state and national policies, training and external support, organizational structure and community (Lieber et al., 2000).

ECRII: Study Methods

- Interviews with key informants, observations in programs, analysis of documents at 3 points over 5 years
- Data collected on 16 programs in Year 1 (expanded to 17 programs by Year 5)
- Systematic cross site analysis by team of investigators

ECRII Findings (characteristics of programs)

- Growth: inclusion was extended across the system (4 programs)
- Stability: inclusion as a service option was extensive and remained stable (6 programs)
- Minimal: inclusion was a limited service option but continued across the five years (6 programs)
- Regression: loss of commitment to inclusion or interagency collaboration (1 program)

ECRII Findings (growth and stability themes)

- Began with clear commitment from "critical mass" of individuals
- Balance between pressure for inclusion and support
- Program and personnel adapted beliefs and actions based on changes in organization and community
- System personnel had a "broad-based ownership" of inclusive program

ECRII Findings (minimal change and regression themes)

- Limited commitment at the outset
- Limited pressure for inclusion
- Limited support for inclusion (training, planning time, flexibility)
- Personal differences (philosophies, personalities, circumstances)

Conclusions

- Multiple and repeated measures are needed to adequately measure shifts in service delivery systems and factors that affect it
- Contextually relevant, participatory approaches are needed to adequately understand and interpret forces that affect descriptive, translational, and intervention research in service delivery systems

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Interagency Planning and Support Project[1]

Allegheny University of the Health Sciences
in partnership with
families and communities

What is the Interagency Planning and Support Project?

The Interagency Planning and Support Project is a project of national significance funded by the U.S. Department of Education. Its purpose is to demonstrate a process for developing and delivering comprehensive and integrated education, health, and human services supports to children with identified disabilities and their families at the local level.

The approach used in this project involves:

- development of an integrated plan of support
- merger of program planning processes
- state / local feedback loop
- technology interface across agencies
- coordinated professional development
- comprehensive impact evaluation

The model and process are being validated in the greater Kansas City, Missouri area with the involvement and support of parents and representatives from state and local agencies.

The Project has four major accomplishments to date:

- The integration of program plans from seven agencies in northwest Missouri into a single **Collaborative Support Plan (CSP)**
- The integration of program planning processes from all partner agencies
- The development of an Intranet site to promote interagency coordination and communication
- The development of comprehensive staff development materials to promote the adoption and use of the new service delivery process and CSP document

What is the CSP?

The **Collaborative Support Plan (CSP)** is the result of a planning process in which professionals and parents work together to develop a single support plan that integrates education, health, and human services to meet the needs of children with identified disabilities and their families. The CSP reflects the assessed needs, priorities, and concerns of families and children, and compliance with state and federal regulations for individualized and family-centered support. The CSP is comprehensive and provides information essential for improved coordination and collaboration among families and professionals.

1 - Preparation of this document was supported by a Grant from the US Department of Education, Office of Special Education Programs (HO24B70021) to Allegheny University of the Health Sciences. The opinions expressed herein do not represent those of the US Department of Education and no official endorsement should be inferred.

What are the benefits?

The CSP and its planning process have the potential to:

- Promote a coherent, comprehensive plan of supports to the child and family
- Improve coordination and communication among individuals and organizations
- Reduce the occurrence of redundant and conflicting services
- Produce positive child and family outcomes
- Reduce agency costs through more efficient and effective service delivery
- Improve the range and quality of staff development offerings
- Restructure systems to better meet the needs of all children and families

Who is involved in the project?

The model and process are being developed in the greater Kansas City, Missouri area with the involvement and support of parents and the following state and local agencies:

Department of Elementary and Secondary Education
Department of Health
Bureau of Children with Special Health Care Needs
Department of Mental Health
- Division of Comprehensive Psychiatric Services
- Division of Mental Retardation and Developmental Disabilities

Department of Social Services
Division of Family Services
Division of Vocational Rehabilitation
Independence Public Schools
Jackson County Board of Services
Jackson County Family Court

For more information about the Interagency Planning and Support Project contact:

Christine Salisbury, Ph.D.
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Fax: (412) 359-1601
E-mail: salisbur@pgh.auhs.edu
http://www.pgh.auhs.edu/cfsp

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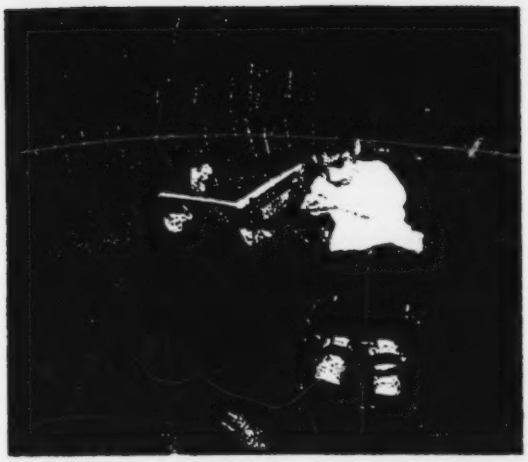


Agency partners pool resources, coordinate service delivery efforts, and share information through improved communication networks to ensure that children and families receive appropriate and responsive services and supports. The CSP can be developed, edited, and shared electronically through a secure Intranet web site. Families and professionals can access the CSP document and provide status information for all team members 24 hours a day.

Why is it needed?

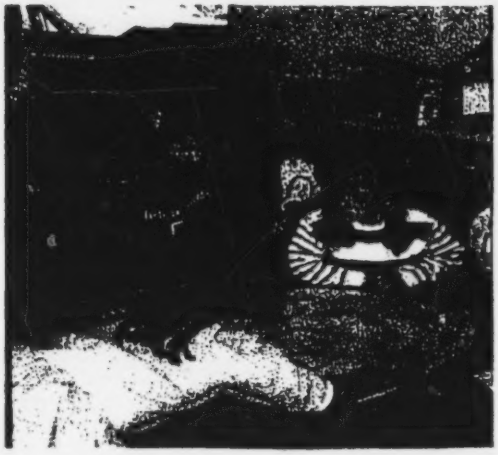
Federal reports and research studies indicate that traditional systems of education, health, and human services are fragmented, duplicative, and confusing for families to access. These systems often compete for limited funds, provide redundant or competing services, and lack effective communication channels within and across agencies to meet the needs of children and families more effectively. It is clear that these systems will need to change how they operate individually, as well as with other organizations.

Families find it difficult to manage the myriad of education, health, and human services networks that may be required by their children. They are often asked to repeat the same core of information or undergo similar assessments many times. Families receiving multiple services may simultaneously possess several individualized plans and have several case managers and therapists.

Components of the CSP Document

The CSP is the cornerstone of the Interagency Planning and Support Project. The document is developed by a team of professionals and family members within the context of an individualized, family-centered planning process. The components of the CSP document include:

- confidentiality and consent
- child / family information
- agency information
- service and support information



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Development Process
Service Coordination Scale[1]

(Salisbury, Caldwell, Case, Anthony, Whitacre and Husband, 2000)

Phase 1:

- Conducted literature review of existing measures of service coordination and collaboration
- Generated 65 questions for scale content

Phase 2:

- Two focus groups reviewed and evaluated questions developed from literature review
- Focus groups suggested revisions to items/content and generated additional items through structured dialogue
- Focus groups ranked and rated statements on the scale
- Scale revised to reflect items rated as most salient by focus group members

Phase 3:

- Revised draft sent to 1074 randomly chosen professionals drawn from a Market Data Retrieval list of those most closely linked to direct services and service coordination: (1) Daycare Directors, (2) Early Childhood Special Needs Personnel, (3) Hearing Specialists, (4) Occupational Therapists, (5) Social Workers, and (6) Speech-Language Pathologists.
- Return rate: 18.9% (203/1074)
- Revised scale to 44 items based on professional's ranking of importance
- Mailed scale to 30 professionals, providers and parents for expert review of clarity and content
- Return Rate 40% (12/30)

Phase 4:

- Modified and expanded Service Coordination Scale to 54 items based on expert review feedbac
- Conducted second field test to validate the scale; 649 persons selected from three groups: (1) State Interagency Coordinating Councils (n=149); (2) social service professionals from 50 state (n=101); and (3) randomly selected direct service professionals drawn from AAMR mailing list (n=399).
- Return rate: 19.26% (125/649)
- Conducted factor analysis (1.0 eigenvalue, .4 cutoff loading)
  - Five factors explained 52.83 % of the variance
  - First factor explained 35.75% of the variance
  - 49 items loaded highest (using .4 cutoff) on the first factor
- Revised scale to 46 items, using .4 factor loading cutoff and deletions for redundancy

The preparation of this document was supported by a Grant from the U.S. Department of Education, Office of Special Education Programs 324M980400) to the Erikson Institute, Chicago, IL. The opinions expressed herein do not represent those of the U.S. Department of ducation and no official endorsement should be inferred.

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Collaborative Support Plan and Planning Process: Finding Common Ground

Jointly presented by
Department of Mental Health
Division of Family Services
Interagency Planning & Support Project
Independence School District

INTERAGENCY PLANNING AND SUPPORT PROJECT

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"I don't think they play at all fairly," Alice began in rather a complaining tone. "And they all quarrel so dreadfully one can't hear oneself speak---and they don't seem to have any rules in particular; at least, if there are, nobody attends to them. You've no idea how confusing it is...."

Lewis Carroll

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Issues Affecting Children, Families, and Providers

- **SYSTEM ISSUES**
  - Fragmented services
  - Duplicated services
  - Conflicting services
  - Competition for funds
  - Ineffective communication
- **CHILD/FAMILY ISSUES**
  - Services confusing to access
  - Repeating same core information
  - Duplicated assessments
  - Multiple individualized plans
  - Multiple case managers & therapists

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Service Coordination Policy Foundation

- Title V
- Part C IDEA
- Part B IDEA
- Wrap-around (Caring Communities)
- Missouri Governor's Initiative

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Interagency Planning and Support Model

- Integrated Plan
- Integrated planning process
- Comprehensive impact evaluation
- State / local feedback loop
- Technology interface across agencies
- Collaborative training

INTERAGENCY PLANNING AND SUPPORT PROJECT

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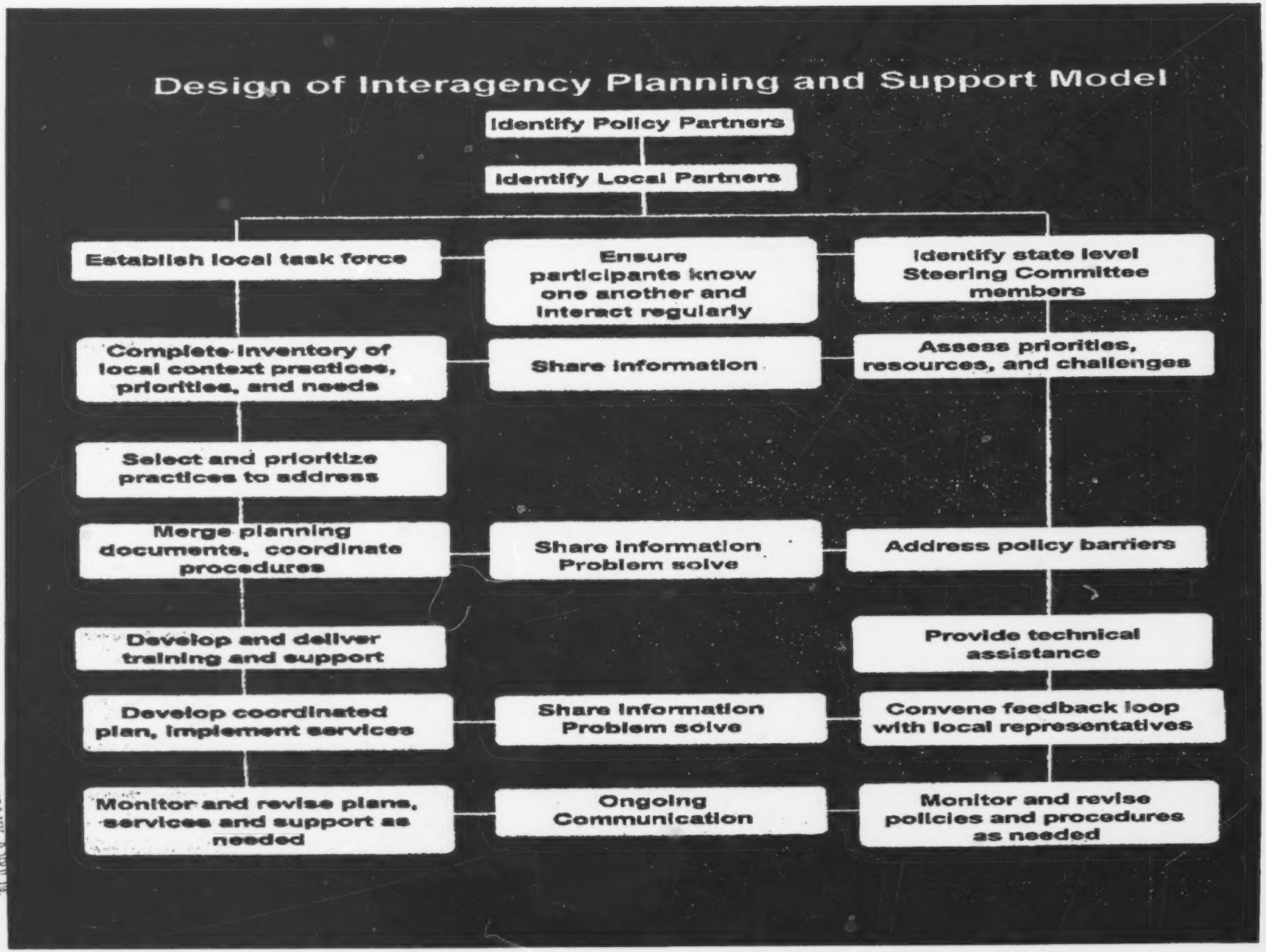
Design of Interagency Planning and Support Model
Identify Policy Partners
Identify Local Partners
Establish local task force
Ensure participants know one another and interact regularly
Identify state level Steering Committee members
Complete inventory of local context practices, priorities, and needs
Share information
Assess priorities, resources, and challenges
Select and prioritize practices to address
Merge planning documents, coordinate procedures
Share information Problem solve
Address policy barriers
Develop and deliver training and support
Provide technical assistance
Develop coordinated plan, implement services
Share information Problem solve
Convene feedback loop with local representatives
Monitor and revise plans, services and support as needed
Ongoing Communication
Monitor and revise policies and procedures as needed

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Partners

- Parents
- School District of Independence MO.
- Department of Mental Health
- DESE/First Steps
- Department of Health
- Division of Family Services
- Division of Vocational Rehabilitation
- Jackson County Board of Services
- Department of Juvenile Justice

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Focus on the Plan

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Collaboration

An unnatural act committed by unwilling and unconsenting adults in spite of their mutually benefiting goals.

(Anonymous)

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Purpose of the CSP

- Integrate services and supports
- Improve delivery of services and supports to children and families
- Optimize resources
- Improve integration of existing interagency initiatives
- Enhance positive outcomes for children and their families

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Components of the CSP

- Release of information
- Demographic information
- Supports/Present Level
- Team Members
- Goals/Progress Status
- Summary of Services

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Alex's CSP

Independence Public Schools - Collaborative Support Plan Report

Individual Health, Treatment, and Educational Plan

SS#: 123-44-6789
Student: ALEX SAYLES
Address: 123 WELLS
City/St/Zip: Independence, MO 64055
Home Phone: 521-7890
Birth Date: 3/3/2000

Grade: Select Grade
Home School: Benton Elementary
Attending School: Select School
Medicaid#: 33478965
Gender: Male
Race: Caucasian

	Mother	Father	Guardian
Name:	SARAH SAYLES	CARL SAYLES	
Address:	123 WELLS	123 WELLS	
City/State/Zip:	INDEPENDENCE MO. 64055	INDEPENDENCE MO. 64055	
Work Phone:	521-2700		
Home Phone:	534-1111	534-1111	

Collaborative Support Plan Status: Early Intervention

Initiation Date: 10/17/2001

CSP Meeting Date: 10/10/2001

Expiration Date:

Diagnostic Team Date: 9/26/2001

CSP Review Date:

% of Regular Education: 86.5%

% of Special Education: 13.5%

Disabilities
Primary: Physical/Other Health Impaired
Secondary:
Tertiary:
Other:

Source
MD AND TEAM

Collaborating Agencies: DR. MOTT, PEDIATRICIAN; VISITNG NURSE; DFS FAMILY-CENTERED SERVICE TEAM: RENE HUNTER KONOPASEK CASE WORKER

Access to General Education Curriculum: SERVICES WILL BE PROVIDED

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IN THE HOME WHICH IS A NATURAL ENVIRONMENT FOR ALEX AND HIS PARENTS.

Special Education and Support Services: DEVELOPMENTAL THERAPY WILL BE PROVIDED IN HOME BY AN EARLY CHILDHOOD SPECIAL EDUCATOR.

Regular Education Support: NA

Related Services: PHYSICAL THERAPY SPEECH THERAPY FOR FEEDING

Comments: SEVICES WILL BE PROVIDED IN ALEX'S HOME AS THE MOST NATURAL ENVIRONMENT FOR HIM AND HIS PARENTS.

Family Assessment: Included With Permission

Family Support: MS. SAYLES IS EMPLOYED OUTSIDE OF HOME AND WOULD LIKE HER HUSBAND WHO IS CURRENTLY UNEMPLOYED TO BE THE PRIMARY CONTACT FOR SERVICES. FEEDING THERAPY SESSIONS SHOULD INCLUDE BOTH PARENTS AND THE PATERNAL AUNTIE WHO IS A CONSISTENT CAREGIVER FOR ALEX. MR. SAYLES IS CURRENTLY RECEIVING SOME MENTAL HEALTH COUNSELING FOR DEPRESSION AND THE FAMILY IS BEING SUPPORTED BY SOME DFS FAMILY SUPPORT SERVICES.

Is this student eligible for Extended School Year Services? Yes
Describe: EARLY INTERVENTION SERVICES WILL BE DELIVERED YEAR ROUND FOR ALEX.

Describe how this student will participate in extra curricular school activities?
SETTINGS FOR EARLY INTERVENTION WILL BE IN ALEX'S MOST NATURAL ENVIRONMENTS WHICH ARE CURRENTLY HOME AND PATERNAL AUNTIE'S HOME.

Will this student participate in the Missouri Assessment Program without modifications? No
Describe: Not age appropriate

Will this student participate in the Missouri Assessment Program with modifications? No
Describe: Not age appropriate

Will this student participate in the Missouri Alternate Assessment

Focus on the Process

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Integrated Planning Process

- MAPS, person centered planning, essential lifestyle planning, futures planning
- Common ground: Collaborative planning process

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Planning Process Principles

- Family Centered
- Individualized
- Collaborative
- Comprehensive

INTERAGENCY PLANNING AND SUPPORT PROJECT

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CSP Development

- Constituting the CSP team
- Team coordinator responsibilities
- Team member responsibilities
- CSP meeting procedures
- Follow-up responsibilities
- User's Guide

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Generating Hard Copy

- Low-tech option
- High-tech option

INTERAGENCY PLANNING AND SUPPORT PROJECT

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High Tech Overview

- User's Guide
- Different levels of access/edit
- Coordinator vs. implementer vs. team member
- Web-based, accessible, dynamic

INTERAGENCY PLANNING AND SUPPORT PROJECT

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Focus on Results

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Policy Outcomes

- Agencies adopted CSP as program planning format;
- Agencies adopted CSP planning process
- District adopted User's Guide as procedures manual for special education
- Commissioner level support
- Technical guidance from OSEP

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Structural Changes

- Single program plan
- Integrated planning processes
- Web-based access to CSP
- Co-located DFS and DMH caseworkers in elementary school buildings
- Joint staff development
- Re-deployed DFS/ DMH caseworkers by District, rather than by child/family

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Practice Changes

- Trained over 75 agency staff on CSP and associated procedures
- Expanded knowledge and skills of caseworkers about mission, procedures, and resources of other agencies
- Enhanced individual technology skills of District, DMH, and DFS caseworkers

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APPENDIX C

Evaluation Measures

Data Tables and Figures

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orative Support Plan

CSP Meeting Procedural Fidelity Checklist

Child: _____ Date: _____

Coordinator / Agency: _____ Evaluator: _____

Meeting Elements	Comments
Enhancement Factors / Introductory Content	
Sign-in sheet is provided (name, agency, phone number, e-mail address)	
Name tags are provided and used by all members	
Individual needs are met for attending the meeting (e.g., interpreter, handicapped access, etc.)	
Members are introduced (name, role / area of expertise)	
Absent members are noted (name, role / area of expertise)	
Meeting roles are assigned (e.g., time keeper, recorder of minutes)	
Website Data Entry	
Experienced person is assigned task of entering information on the website or a blank CSP document	
Information that needs to be added to the database is gathered from Team Members	
Website and password information is distributed to all Team Members	
E-mail addresses are exchanged	
CSP Information is entered / completed before Team proceeds with the meeting	

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Additional Comments:

Evaluator Signature

Date

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INDICATORS OF COLLABORATION
RESPONDENT DEMOGRAPHICS

1. Gender? _____Female _____Male

2. What is your primary role? (Check no more than three)
   - _____Community Services
   - _____Education
   - _____Medicine
   - _____Occupational & Physical Therapy
   - _____Social Work
   - _____Vocational Rehabilitation

3. For whom do you work? (Check one)

   - ____School program (including preschool, Head Start programs, public school K-12, private school)
   - ____State or local government agency (e.g., Department of Mental Health, Department of Child & Youth Services, Department of Social Services)
   - ____Child care facility
   - ____Not-for-profit agency
   - ____Health care organization/agency
   - ____Other (please specify) _____

4. With whom do you directly work? (Check all that apply)

Ages	Disability Areas
_____Infants and Toddlers (Birth-2 years)	____None
_____Preschool (3-5 years)	____Mild
_____Primary & Intermediate (6-8 years)	____Moderate
_____Families	____Severe

5. How long have you worked in the human services field (e.g., social work, education, physical therapy, etc.)? (Circle one)

1 year or less	2 to 5 years	6 to 10 years	11 to 15 years	16 years or more

6. How many years have you participated as a team member within an organization or agency? (Circle one)

1 year or less	2 to 5 years	6 to 10 years	11 to 15 years	16 years or more

INDICATORS OF COLLABORATION (cont.)
RESPONDENT DEMOGRAPHICS

❼ How many years have you belonged to a team with members outside your agency? (Circle one)

1 year or less	2 to 5 years	6 to 10 years	11 to 15 years	16 years or more

❽ Check the highest degree obtained to date and list the area of study (e.g., education, administration, social work, child development, etc.):

Degree:	College major of highest degree:
____High School	_____
____Associate	_____
____Bachelor	_____
____Master	_____
____Doctorate	_____
____Other	_____

If you are a provider, what is your current caseload? _____

Of those cases, how many are participants in the Collaborative Support Plan process?_____

Service Coordination Scale[1]

This questionnaire reflects factors associated with service coordination at the local level. Please respond to the following items, keeping in mind how you and/or your organization most often engage in service coordination activities. **Circle the number that most accurately reflects your typical experiences.**

In my service coordination work, "we...	Never		Sometimes		Always
1. are flexible in how we implement services.	1	2	3	4	5
2. provide staff development opportunities to individuals outside our own organization.	1	2	3	4	5
3. are precluded from using the screening, assessment, and/or evaluation reports from other organizations.	1	2	3	4	5
4. address culture, experiences, and ethnic perspectives in how we design child and family supports.	1	2	3	4	5
5. help families discuss different ways to meet their goals.	1	2	3	4	5
6. use interagency agreements to deliver supports.	1	2	3	4	5
7. are able to secure needed resources to implement program plans.	1	2	3	4	5
8. adjust our plans to reflect family concerns and needs.	1	2	3	4	5
9. share equipment, supplies, and/or personnel with other providers.	1	2	3	4	5
10. work together to honor family decisions about services for their children.	1	2	3	4	5
11. communicate about which services each individual/ organization will provide.	1	2	3	4	5
12. find it difficult to reach concensus with professionals from other organizations.	1	2	3	4	5
13. use common terminology among providers.	1	2	3	4	5
14. develop support plans collaboratively with parents and service providers.	1	2	3	4	5
15. know who to contact in each organization for specific information.	1	2	3	4	5
16. have the full commitment of our respective organizations.	1	2	3	4	5
17. pool funding to address the needs of the child and family.	1	2	3	4	5
18. pursue the development of new contracts and agreements to broaden supports/services.	1	2	3	4	5
19. receive inservice training from individuals outside our own organization.	1	2	3	4	5

[1] Developed with the support of the Interagency Planning and Support Project (H324M980400) with funding from the U.S. Department of Education, Office of Special Education Programs. The material represented does not necessarily reflect the opinions of the U.S. Department of Education, and no official endorsement should be inferred.

In my service coordination work, 'we...	Never		Sometimes		Always
20. assess results for children and families to improve the effectiveness of our team.	1	2	3	4	5
21. understand other organizations' missions and procedures.	1	2	3	4	5
22. monitor the services/supports we provide for the child and family.	1	2	3	4	5
23. regularly exchange information (e.g., records, reports, summaries) with other providers.	1	2	3	4	5
24. refer families to other programs if we do not offer needed services.	1	2	3	4	5
25. involve parents in providing staff development opportunities.	1	2	3	4	5
26. modify release forms for use by other providers/organizations.	1	2	3	4	5
27. are familiar with other organizations' programs and services.	1	2	3	4	5
28. use common forms/documents to promote coordination.	1	2	3	4	5
29. create family support networks using familiar resources.	1	2	3	4	5
30.. deviate from the agenda at team meetings.	1	2	3	4	5
31. see a high level of trust and respect among team members.	1	2	3	4	5
32. include at least one person at team meetings who has developed a positive relationship with the family.	1	2	3	4	5
33. treat professionals and parents equally.	1	2	3	4	5
34. share common goals about how to design supports for children and families.	1	2	3	4	5
35. limit the use of professional jargon.	1	2	3	4	5
36. include the family as a member of our team.	1	2	3	4	5
37. schedule meetings so that everyone can attend.	1	2	3	4	5
38. meet in locations convenient to all team members.	1	2	3	4	5
39. ensure that families know about the programs and services other team members provide.	1	2	3	4	5
40. use both formal and informal channels to communicate with team members.	1	2	3	4	5
41. modify goals to reflect child progress.	1	2	3	4	5
42. design support plans to reflect priority goals for home, school, and recreation.	1	2	3	4	5
43. distribute minutes of meetings to all team members.	1	2	3	4	5
44. use a "majority rule" method for team-decision making.	1	2	3	4	5
45. are cautious about making commitments with other organizations.	1	2	3	4	5
46. are restricted in how we can deploy personnel and resources.	1	2	3	4	5

Collaborative Support Plan
Family-Centered Behavior Scale*

1. Read each item thinking about your child's Collaborative Support Team (CSP).
2. In the center column, circle the number beside each item that most closely fits your opinion of how often your CSP Team does the things described. Circle "0" if you have not had the chance to observe the team in this manner.
3. In the far right column, circle the number beside each item that best describes how important it is to you that CSP Team members do each thing.

THE CSP TEAM:	How often does the staff member do the things described below?						How important is it to you that this be done?				
	Always	Most of the Time	Sometime	Rarely	Never	I Don't Know	Extremely Important	Very Important	Important	Somewhat Important	Not at all Important
1. Accepts our family as important members of the CSP Team that helps our child.	5	4	3	2	1	0	5	4	3	2	1
2. Helps us get all the information we want from our family, friends, and community.	5	4	3	2	1	0	5	4	3	2	1
3. Helps us get the help we want from our family, friends, and community.	5	4	3	2	1	0	5	4	3	2	1
4. Blames us for our child's problems.	5	4	3	2	1	0	5	4	3	2	1
5. Points out what our child and family do well.	5	4	3	2	1	0	5	4	3	2	1
6. Listens to us.	5	4	3	2	1	0	5	4	3	2	1
7. Respects our family's beliefs, customs, and ways that we do things in our family.	5	4	3	2	1	0	5	4	3	2	1
8. Helps us do the same kinds of things that other children and families do.	5	4	3	2	1	0	5	4	3	2	1
9. Makes it clear that the family, not the professionals, are responsible for deciding what is done for our child and family.	5	4	3	2	1	0	5	4	3	2	1
10. Plans meetings at times and places that are good for our family.	5	4	3	2	1	0	5	4	3	2	1
11. Criticizes what we do with our child.	5	4	3	2	1	0	5	4	3	2	1

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Collaborative Support Plan
Family-Centered Behavior Scale*

ID#:_____

1. Read each item thinking about your child's Collaborative Support Team (CSP).
2. In the center column, circle the number beside each item that most closely fits your opinion of how often your CSP Team does the things described. Circle "0" if you have not had the chance to observe the team in this manner.
3. In the far right column, circle the number beside each item that best describes how important it is to you that CSP Team members do each thing.

THE CSP TEAM:	How often does the staff member do the things described below?						How important is it to you that this be done				
	Always	Most of the Time	Sometimes	Rarely	Never	I Don't Know	Extremely Important	Very Important	Important	Somewhat Important	Not at all Important
1. Accepts our family as important members of the CSP Team that helps our child.	5	4	3	2	1	0	5	4	3	2	1
2. Helps us get all the information we want from our family, friends, and community.	5	4	3	2	1	0	5	4	3	2	1
3. Helps us get the help we want from our family, friends, and community.	5	4	3	2	1	0	5	4	3	2	1
4. Blames us for our child's problems.	5	4	3	2	1	0	5	4	3	2	1
5. Points out what our child and family do well.	5	4	3	2	1	0	5	4	3	2	1
6. Listens to us.	5	4	3	2	1	0	5	4	3	2	1
7. Respects our family's beliefs, customs, and ways that we do things in our family.	5	4	3	2	1	0	5	4	3	2	1
8. Helps us do the same kinds of things that other children and families do.	5	4	3	2	1	0	5	4	3	2	1
9. Makes it clear that the family, not the professionals, are responsible for deciding what is done for our child and family.	5	4	3	2	1	0	5	4	3	2	1
10. Plans meetings at times and places that are good for our family.	5	4	3	2	1	0	5	4	3	2	1
11. Criticizes what we do with our child.	5	4	3	2	1	0	5	4	3	2	1

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THE CSP TEAM:	How often does the staff member do the things described below?						How important is it to you that this be done?				
	Always	Most of the Time	Sometimes	Rarely	Never	I Don't Know	Extremely Important	Very Important	Important	Somewhat Important	Not at all Important
12. Treats us with respect.	5	4	3	2	1	0	5	4	3	2	1
13. Makes judgements about us because of ways that we are different (such as race, income level, job, or religion).	5	4	3	2	1	0	5	4	3	2	1
14. Cares about our entire family, not just our child with special needs.	5	4	3	2	1	0	5	4	3	2	1
15. Makes decisions about our child's care without asking us what we want.	5	4	3	2	1	0	5	4	3	2	1
16. Helps our family meet our needs as we see them.	5	4	3	2	1	0	5	4	3	2	1
17. Suggests things that we can do for our child that fit into our family's daily life	5	4	3	2	1	0	5	4	3	2	1
18. Understands that we know our child better than anyone else does.	5	4	3	2	1	0	5	4	3	2	1
19. Helps our family get services from other agencies or programs as easily as possible.	5	4	3	2	1	0	5	4	3	2	1
20. Talks in everyday language that we can understand.	5	4	3	2	1	0	5	4	3	2	1
21. Helps our family expect good things in the future for ourselves and our children.	5	4	3	2	1	0	5	4	3	2	1
22. Makes sure we understand our family's rights.	5	4	3	2	1	0	5	4	3	2	1
23. Accepts our feelings and reactions as normal for our situation	5	4	3	2	1	0	5	4	3	2	1
24. Wants to hear what we think about this program.	5	4	3	2	1	0	5	4	3	2	1
25. Encourages us to speak up during the meeting with professionals when there is something that we want to say.	5	4	3	2	1	0	5	4	3	2	1

* Adapted from Allen, R. I., Petr, C. G., & Cay Brown, B. F. (1995). Family-Centered Behavior Scale. The Beach Center on Families and Disability: University of Kansas.

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Your thoughts and opinions are important to us.
Please share any additional comments you may have about the CSP Team's work with your child and family.

Place your completed survey in the enclosed envelope and drop it in the mail.

Thank you for helping!

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[redacted]

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ID#:_____

FAMILY EMPOWERMENT SCALE

This survey asks you to answer questions about feelings, actions and ideas related to your child's services. Your answers will help us evaluate the Collaborative Support Plan and the planning process. The information gathered will help us accurately measure how well the Interagency Planning and Support Project is providing information and resources to you and your family.

Please answer the following questions accordingly.
The scores range from "1" (Not true at all) to a "5" (Very true).

	Not True at All		Somewhat True		Very True
1. I feel that I have a right to approve all services my child receives	1	2	3	4	5
2. When problems arise with my child, I handle them pretty well.	1	2	3	4	5
3. I feel I can have a part in improving services for children in my community	1	2	3	4	5
4. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
5. I know the steps to take when I am concerned my child is receiving poor services	1	2	3	4	5
6. I make sure that professionals understand my opinions about what services my child needs.	1	2	3	4	5
7. I know what to do when problems arise with my child	1	2	3	4	5
8. I get in touch with my legislators when important bills or issues concerning children are pending.	1	2	3	4	5
9. I feel my family life is under control	1	2	3	4	5
10. I understand how the service system for children is organized.	1	2	3	4	5
11. I am able to make good decisions about what services my child needs	1	2	3	4	5
12. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5
13. I make sure I stay in regular contact with professionals who are providing services to my child	1	2	3	4	5
14. I have ideas about the ideal service system for children.	1	2	3	4	5
15. I help other families get the services they need.	1	2	3	4	5
16. I am able to get information to help me better understand my child.	1	2	3	4	5
17. I believe that other parents and I can have an influence on services for children	1	2	3	4	5
18. My opinion is just as important as professionals' opinions in deciding what services my child needs.	1	2	3	4	5
19. I tell professionals what I think about services being provided to my child.	1	2	3	4	5

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	Not true at All		Somewhat True		Very True
20. I tell people in agencies and government how services for children can be improved.	1	2	3	4	5
21. I believe I can solve problems with my child when they happen.	1	2	3	4	5
22. I know how to get agency administrators or legislators to listen to me.	1	2	3	4	5
23. I know what services my child needs.	1	2	3	4	5
24. I know what the rights of parents and children are under the special education laws.	1	2	3	4	5
25 I feel that my knowledge and experience as a parent can be used to improve services for children and families.	1	2	3	4	5
26. When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
27. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5
28. When necessary, I take the initiative in looking for services for my child and family.	1	2	3	4	5
29. When dealing with my child, I focus on the good things as well as the problems.	1	2	3	4	5
30. I have a good understanding of the service system that my child is involved in.	1	2	3	4	5
31. When faced with a problem involving my child, I decide what to do and then do it.	1	2	3	4	5
32. Professionals should ask me what services I want for my child.	1	2	3	4	5
33. I have a good understanding of my child's disorder	1	2	3	4	5
34. I feel I am a good parent.	1	2	3	4	5

Adapted from: Koren, Paul E., Neal DeChillo, & Barbara J. Friesen. 1992. "Measuring Empowerment in Families Whose Children Have Emotional Disabilities: A Brief Questionnaire." Rehabilitation Psychology (37)4, 305-321.

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User Feedback on the Collaborative Support Plan and Planning Process (CSP)

The purpose of this questionnaire is to determine what people who are using the **Collaborative Support Plan** think about the new planning process and planning position document.

Please respond to the items in terms of your views of the CSP and planning process. Circle the number that most accurately reflects your judgements about the use of this new system. Thank you for taking time to complete this questionnaire!

0 Irrelevant **1** **2 Not true of me now** **3** **4 Somewhat true of me now** **5** **6** **7 Very true**

1.	I am concerned about fellow workers attitudes toward the Collaborative Support Plan and Planning process.	0	1	2	3	4	5	6	7
2.	I now know of some other approaches that might work better.	0	1	2	3	4	5	6	7
3.	I don't even know what the Collaborative Support Plan/Planning is.	0	1	2	3	4	5	6	7
4.	I am concerned about not having enough time to organize myself every day.	0	1	2	3	4	5	6	7
5.	I would like to help other staff in their use of the Collaborative Support Plan.	0	1	2	3	4	5	6	7
6.	I have a very limited knowledge about the Collaborative Support Plan and Planning Process.	0	1	2	3	4	5	6	7
7.	I would like to know the effect of the new CSP procedures on my professional status.	0	1	2	3	4	5	6	7
8.	I am concerned about conflict between my interests and my responsibilities.	0	1	2	3	4	5	6	7
9.	I am concerned about procedure/or using the Collaborative Support Plan.	0	1	2	3	4	5	6	7
10.	I would like to develop working relationships with both our agency staff and outside staff using the Collaborative Support Plan.	0	1	2	3	4	5	6	7
11.	I am concerned about how the Collaborative Support Plan affects children and families.	0	1	2	3	4	5	6	7
12.	I am not concerned about the Collaborative Support Plan.	0	1	2	3	4	5	6	7
13.	I would like to know who will make the decisions in the new system.	0	1	2	3	4	5	6	7
14.	I would like to discuss the possibility of using the Collaborative Support Plan.	0	1	2	3	4	5	6	7
15.	I would like to know what resources are available if we decide to adopt the Collaborative Support Plan more broadly.	0	1	2	3	4	5	6	7
16.	I am concerned about my inability to manage all that the Collaborative Support Plan requires.	0	1	2	3	4	5	6	7
17.	I would like to familiarize other departments or persons with the progress of the Collaborative Support Plan.	0	1	2	3	4	5	6	7

0 Irrelevant	1	2 Not true of me now	3	4 Somewhat true of me now	5	6	7 Very true

18.	I would like to know how my administration is supposed to change.	0	1	2	3	4	5	6	7
19.	I am concerned about evaluating my impact on children and families.	0	1	2	3	4	5	6	7
20.	I would like to revise the procedures we use to develop and implement the CSP.	0	1	2	3	4	5	6	7
21.	I am completely occupied with other things.	0	1	2	3	4	5	6	7
22.	I would like to modify our use of the Collaborative Support plan based on our experiences with children and families.	0	1	2	3	4	5	6	7
23.	Although I don't know about the Collaborative Support Plan, I am concerned about program planning.	0	1	2	3	4	5	6	7
24.	I would like to excite my colleagues about their part in this approach.	0	1	2	3	4	5	6	7
25.	I am concerned about time spent on paper work related to the Collaborative Support Plan.	0	1	2	3	4	5	6	7
26.	I would like to know what the use of the Collaborative Support Plan will require of me and my organization in the immediate future.	0	1	2	3	4	5	6	7
27.	I would like to coordinate my effort with others to maximize the effects of the Collaborative Support Plan.	0	1	2	3	4	5	6	7
28.	I would like to have more information on time and energy commitments required by the Collaborative Support Plan/Planning process.	0	1	2	3	4	5	6	7
29.	I would like to know what other staff are doing in this area.	0	1	2	3	4	5	6	7
30.	At this time, I am not interested in learning about the Collaborative Support Plan/Planning process.	0	1	2	3	4	5	6	7
31.	I would like to determine how to supplement, enhance, or replace the Collaborative Support Plan.	0	1	2	3	4	5	6	7
32.	I would like to use feedback from children, families, and colleagues to change the program.	0	1	2	3	4	5	6	7
33.	I would like to know how my role will change when I am using the Collaborative Support Plan/Planning process.	0	1	2	3	4	5	6	7
34.	Coordination of tasks and people is taking too much of my time.	0	1	2	3	4	5	6	7
35.	I would like to know how the Collaborative Support Plan is better than what we have now.	0	1	2	3	4	5	6	7

Adapted from: Hall E. Gene, Shirley M. Hord, William L. Rutherford and Leslie Huling-Austin. 1989. *Taking Charge of Change.* Austin TX: Southwest Educational Development Laboratory.

FOR DISPLAY ONLY

Collaborative Support Plan
Prototype for Surveillance Scans

Date: _____
Project Staff: _____
Family ID: _____
Child: _____
Contact: _____
Relation to Child: _____

Begin Time: _____

		Are these serv being received	
1.	Your CSP has the following services planned:		
	A. _____	Yes	No
	B. _____	Yes	No
	C. _____	Yes	No
	D. _____	Yes	No
	E. _____	Yes	No

2. Since the CSP Meeting, have any other needs/issues surfaced? _____
If yes, please describe.
A. _____
B. _____
C. _____
D. _____
E. _____

3. Are these needs being addressed in a timely manner? Yes No

4. Have the solutions or services been helpful? Yes No

5. Is your child making progress toward his/her goals? Yes No

6. Is there anything else you would like to share about your child's needs?

End Time: _____

Beach Scale - Cohort 1 Averages by Question/Importance

	Count	Mean
Accepts our family as important members of the CSP Team that helps our child.	6	4.17
Importance	6	5.00
Helps us get all the information we want from out family, friends, and community.	6	3.50
Importance	6	4.50
Helps us get the help we want from our family, friends, and community.	6	2.33
Importance	6	3.83
Blames us for our child's problems.	6	.83
Importance	6	2.83
Points out what our child and family do well.	6	3.67
Importance	6	4.00
Listens to us.	6	3.83
Importance	6	4.50
Respects our family's beliefs, customs, and ways that we do things in our family.	6	3.50
Importance	6	4.00
Helps us do the same kinds of things that other children and families do.	6	2.50
Importance	6	3.83
Makes it clear that the family, not the professionals, are responsible for deciding what is done for our child and family.	6	3.50
Importance	6	4.67
Plans meetings at times and places that are good for our family.	6	4.17
Importance	6	4.50
Criticizes what we do with our child.	6	.83
Importance	6	2.00
Treats us with respect.	6	4.00
Importance	6	3.83
Makes judgements about us because of ways that we are different (such as race, income level, job, or religion).	6	1.00
Importance	6	2.67
Cares about our entire family, not just our child with special needs.	6	2.83
Importance	6	3.33
Makes decisions about our child's care without asking us what we want.	6	2.00
Importance	6	2.17
Helps our family meet our needs as we see them.	6	2.67
Importance	6	4.17
Suggests things that we can do for our child that fit into our family's daily life.	6	3.00
Importance	6	4.17
Understands that we know our child better than anyone else does.	6	4.50
Importance	6	4.33
Helps our family get services from other agencies or programs as easily as possible.	6	2.67
Importance	6	4.67
Talks in everyday language that we can understand.	6	4.33
Importance	6	3.83
Helps our family expect good things in the future for ourselves and our children.	6	4.17
Importance	6	4.00
Makes sure we understand our family's rights.	6	3.67
Importance	6	4.67
Accepts our feelings and reactions as normal for our situation.	6	4.17
Importance	6	4.17
Wants to hear what we think about this program.	6	2.17
Importance	6	4.33
Encourages us to speak up during the meeting with professionals when there is something that we want to say.	6	4.33
Importance	6	4.67

Beach Scale - Cohort 2 Averages by Question/Importance

	Count	Mean
Accepts our family as important members of the CSP Team that helps our child.	4	4.50
Importance	4	5.00
Helps us get all the information we want from out family, friends, and community.	4	2.75
Importance	4	4.00
Helps us get the help we want from our family, friends, and community.	4	2.75
Importance	4	3.75
Blames us for our child's problems.	4	1.00
Importance	4	4.00
Points out what our child and family do well.	4	4.25
Importance	4	4.50
Listens to us.	4	4.75
Importance	4	5.00
Respects our family's beliefs, customs, and ways that we do things in our family.	4	4.75
Importance	4	4.75
Helps us do the same kinds of things that other children and families do.	4	4.50
Importance	4	4.00
Makes it clear that the family, not the professionals, are responsible for deciding what is done for our child and family.	4	4.50
Importance	4	4.50
Plans meetings at times and places that are good for our family.	4	4.75
Importance	4	4.25
Criticizes what we do with our child.	4	1.25
Importance	4	4.25
Treats us with respect.	4	4.75
Importance	4	4.25
Makes judgements about us because of ways that we are different (such as race, income level, job, or religion).	4	.75
Importance	4	4.00
Cares about our entire family, not just our child with special needs.	4	4.25
Importance	4	4.00
Makes decisions about our child's care without asking us what we want.	4	1.25
Importance	4	3.75
Helps our family meet our needs as we see them.	4	3.75
Importance	4	4.50
Suggests things that we can do for our child that fit into our family's daily life.	4	4.25
Importance	4	4.50
Understands that we know our child better than anyone else does.	4	4.75
Importance	4	4.50
Helps our family get services from other agencies or programs as easily as possible.	4	4.50
Importance	4	4.00
Talks in everyday language that we can understand.	4	4.75
Importance	4	4.25
Helps our family expect good things in the future for ourselves and our children.	4	4.75
Importance	4	4.00
Makes sure we understand our family's rights.	4	4.25
Importance	4	4.00
Accepts our feelings and reactions as normal for our situation.	4	3.75
Importance	4	3.75
Wants to hear what we think about this program.	4	4.00
Importance	4	3.75
Encourages us to speak up during the meeting with professionals when there is something that we want to say.	4	4.75
Importance	4	4.50

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Collaborative Support Plan
Family-Centered Behavior Scale[1]
7/3/01

The CSP Team:

Accepts our family as important members of the CSP Team that helps our child.

	N	Mean
accepts our family	10	4.30
Importance	10	5.00
Valid N (listwise)	10	

Helps us get all the information we want from our family, friends, and community.

	N	Mean
helps us get info	10	3.20
Importance	10	4.30
Valid N (listwise)	10	

Helps us get the help we want from our family, friends, and community.

	N	Mean
helps us get help	10	2.50
Importance	10	3.80
Valid N (listwise)	10	

Blames us for our child's problems.

	N	Mean
blames us for childrens problems	10	.90
Importance	10	3.30
Valid N (listwise)	10	

Points out what our child and family do well.

	N	Mean
points what family does well	10	3.90
Importance	10	4.20
Valid N (listwise)	10	

[1] Adapted from Allen, R. I., Petr, C. G., & Cay Brown, B. F. (1995). Family-Centered Behavior Scale. The Beach Center on Families and Disability: University of Kansas.

Listens to us.

	N	Mean
listens to us	10	4.20
Importance	10	4.70
Valid N (listwise)	10	

Respects our family's beliefs, customs, and ways that we do things in our family.

	N	Mean
respects our family beliefs	10	4.00
Importance	10	4.30
Valid N (listwise)	10	

Helps us do the same kinds of things that other children and families do.

	N	Mean
helps us do same as other families	10	3.30
Importance	10	3.90
Valid N (listwise)	10	

Makes it clear that the family, not the professionals, are esponsible for deciding what is done for our child and family.

	N	Mean
makes clear family is responsible	10	3.90
Importance	10	4.60
Valid N (listwise)	10	

Plans meetings at times and places that are good for our family.

	N	Mean
plans mtgs at good times for family	10	4.40
Importance	10	4.40
Valid N (listwise)	10	

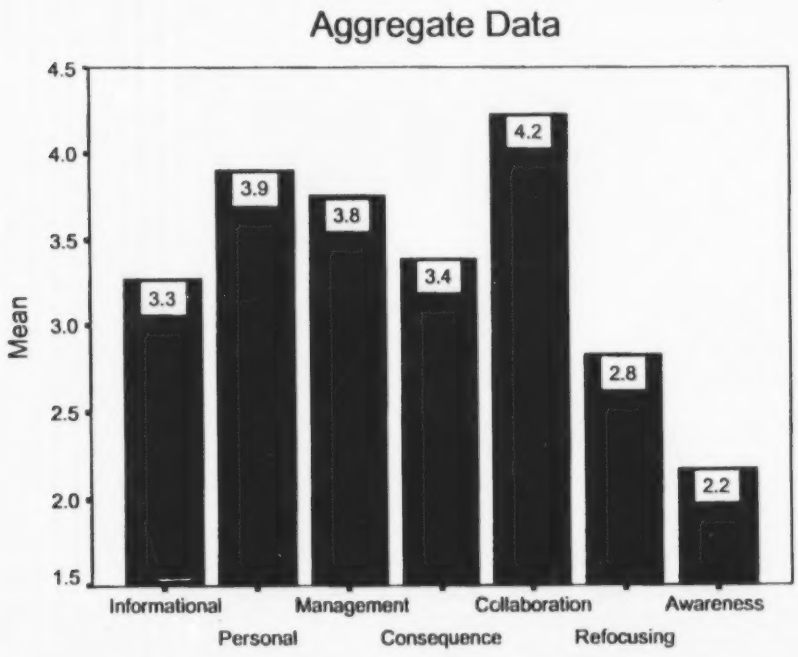
Criticizes what we do with our child.

	N	Mean
criticizes what we do w/ child	10	1.00
Importance	10	2.90
Valid N (listwise)	10	

Aggregate Data

Descriptive Statistics

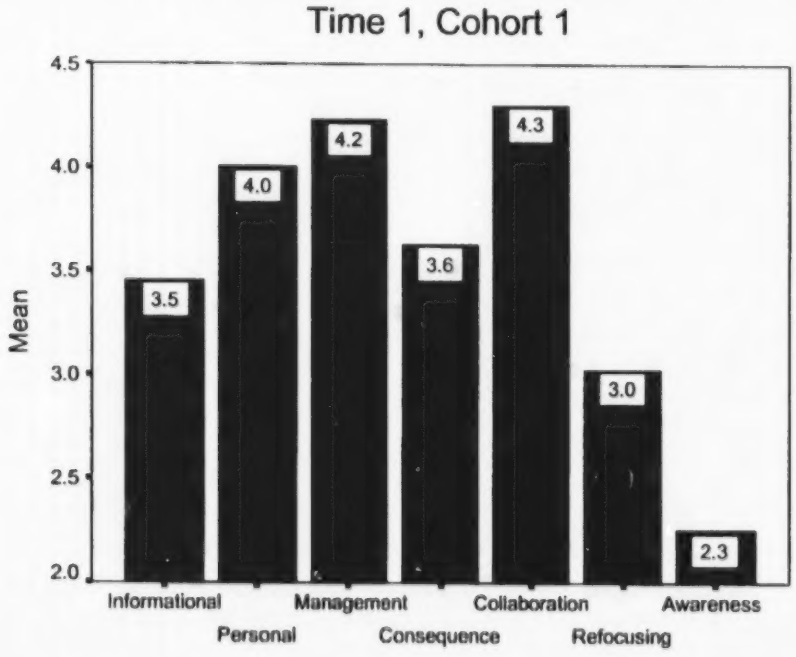
	N	Mean	Std. Deviation
Informational	26	3.2769	1.6561
Personal	25	3.9040	1.4238
Management	26	3.8385	1.5667
Consequence	26	3.3923	1.2374
Collaboration	26	4.1923	1.1572
Refocusing	26	2.8846	1.0011
Awareness	26	2.2077	1.0666
Valid N (listwise)	25		



Time 1, Cohort 1

Descriptive Statistics

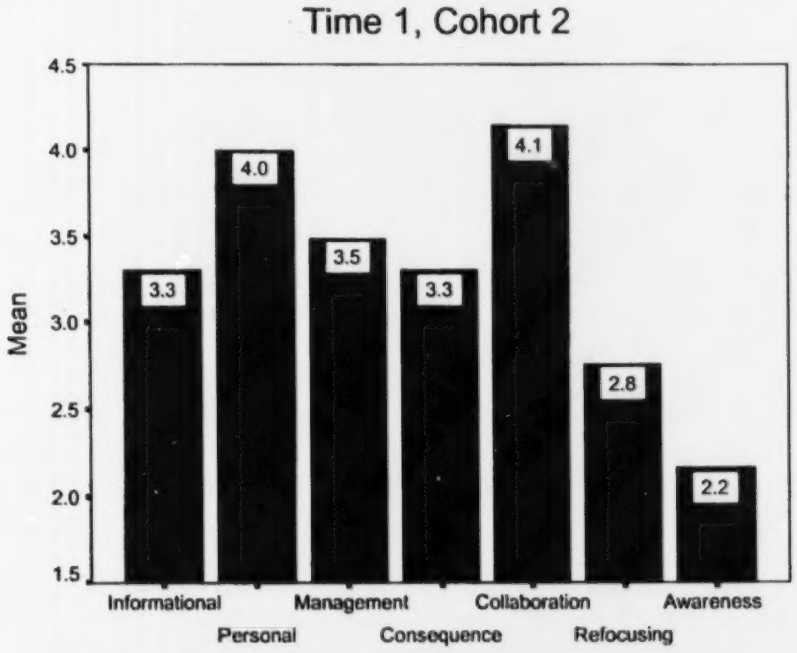
	N	Mean	Std. Deviation
Informational	8	3.4500	1.7655
Personal	8	4.0000	1.6388
Management	8	4.2250	1.2441
Consequence	8	3.6250	1.2116
Collaboration	8	4.3000	1.3005
Refocusing	8	3.0250	1.0498
Awareness	8	2.2500	.8668
Valid N (listwise)	8		



Time 1, Cohort 2

Descriptive Statistics

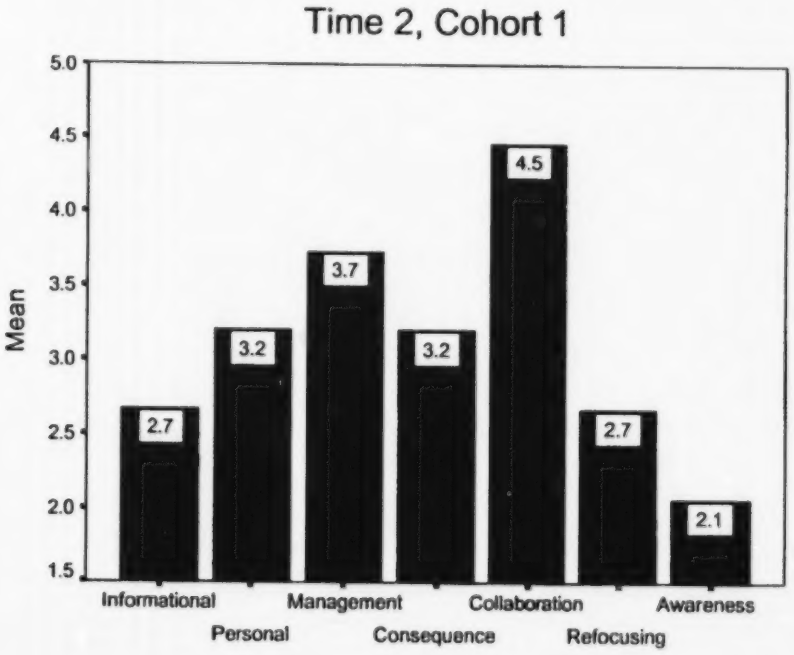
	N	Mean	Std. Deviation
Informational	15	3.3067	1.6748
Personal	14	4.0000	1.4120
Management	15	3.6533	1.8260
Consequence	15	3.3067	1.3541
Collaboration	15	4.0800	1.2254
Refocusing	15	2.8533	1.0487
Awareness	15	2.2133	1.2637
Valid N (listwise)	14		



Time 2, Cohort 1

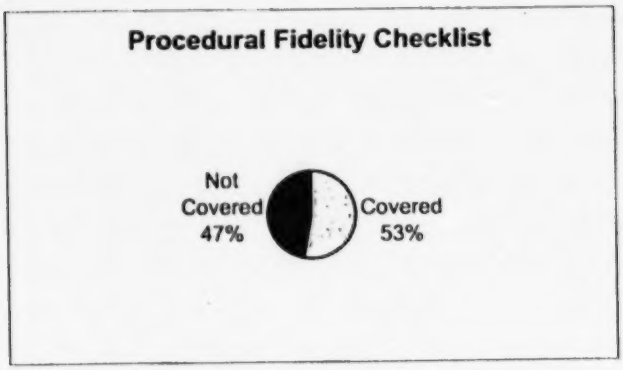
Descriptive Statistics

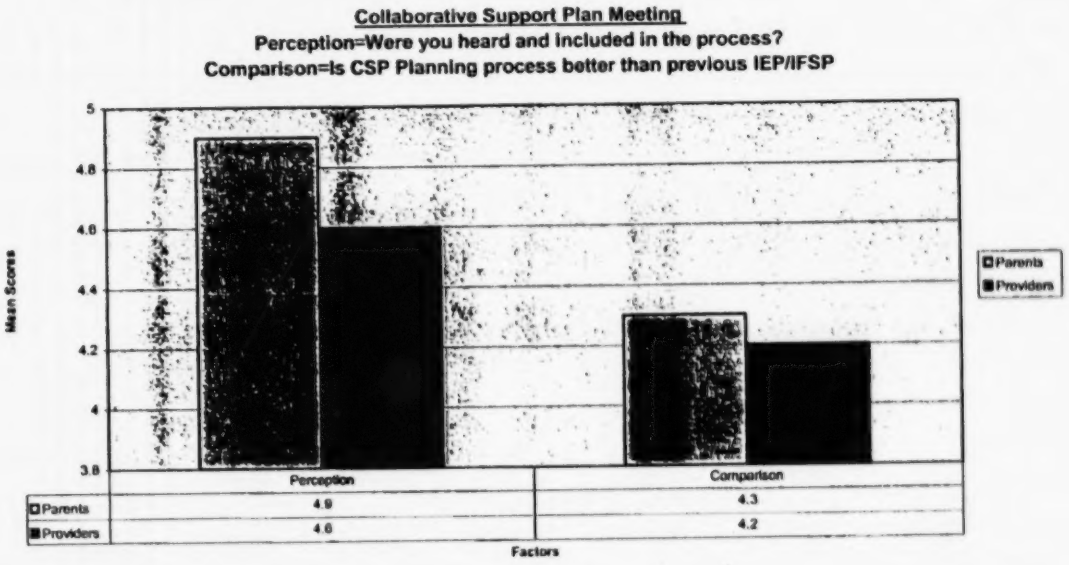
	N	Mean	Std. Deviation
Informational	3	2.6667	1.7474
Personal	3	3.2000	1.0583
Management	3	3.7333	1.0263
Consequence	3	3.2000	.9165
Collaboration	3	4.4667	.2309
Refocusing	3	2.6667	.9018
Awareness	3	2.0667	.6110
Valid N (listwise)	3		



CSP Meeting Review Summary by Factor

Factor	%YES	%NO
Enhancement Factors/Introductory Content (6 items)	42.4	57.6
Website Data Entry (5 items)	26.7	73.3
Procedural review (2 items)	62.5	37.5
Assessment Process (3 items)	40.3	59.7
Development of Support plan (12 items)	54.9	45.1
Meeting Evaluation Forms (1 item)	87.5	12.5
Process Summary (6 items)	72.2	27.8

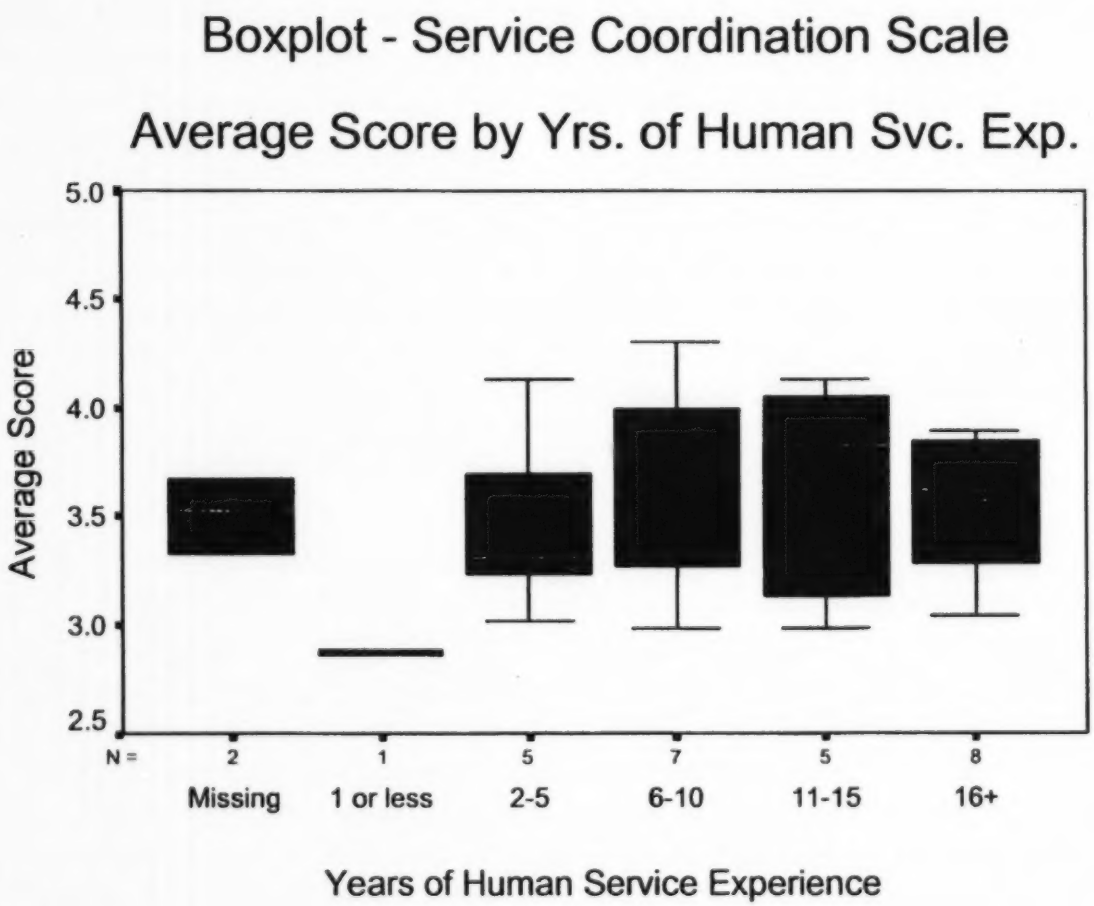

Procedural Fidelity Checklist
Not Covered 47%
Covered 53%


Collaborative Support Plan Meeting
Perception=Were you heard and included in the process?
Comparison=Is CSP Planning process better than previous IEP/IFSP
Mean Scores
5
4.8
4.6
4.4
4.2
4
3.8
Parents
Providers
Perception
Comparison
Parents 4.9 4.3
Providers 4.6 4.2
Factors

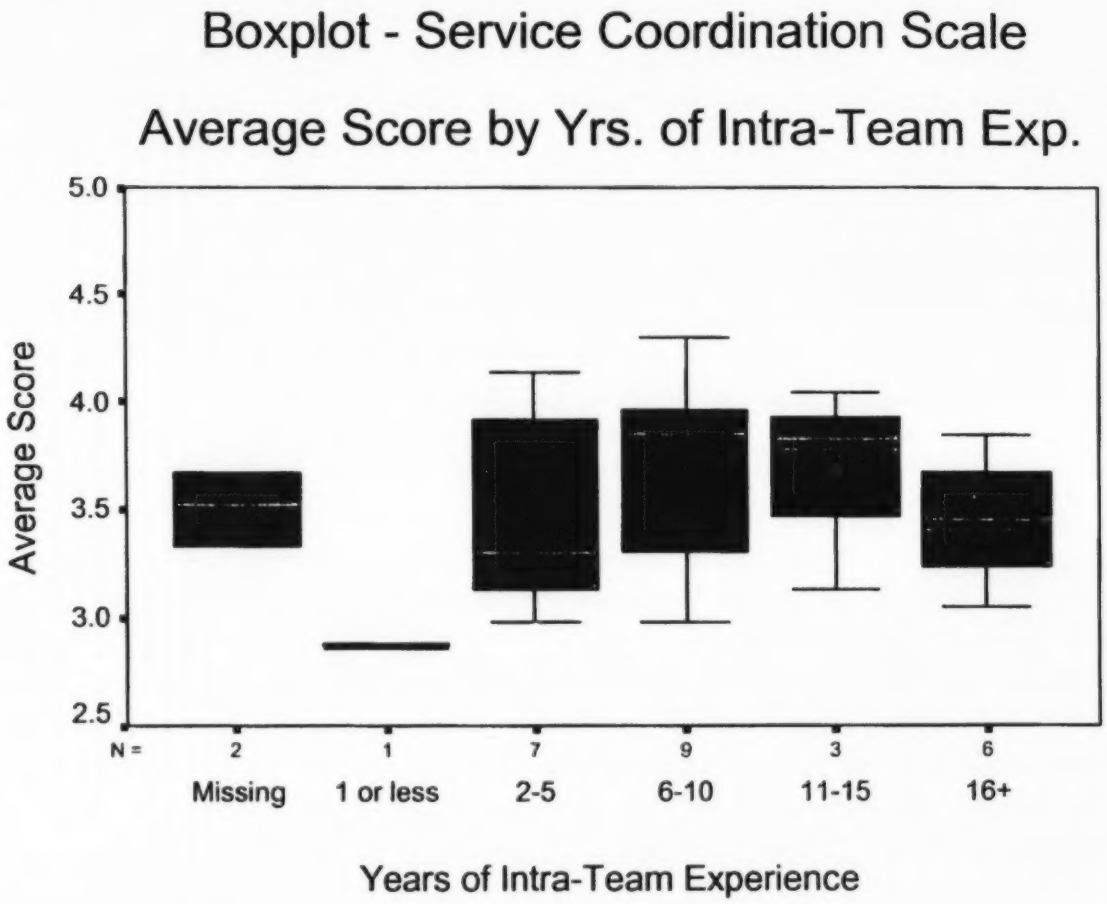
Interagency Planning and Support Project
Service Coordination Scale
7/3/01

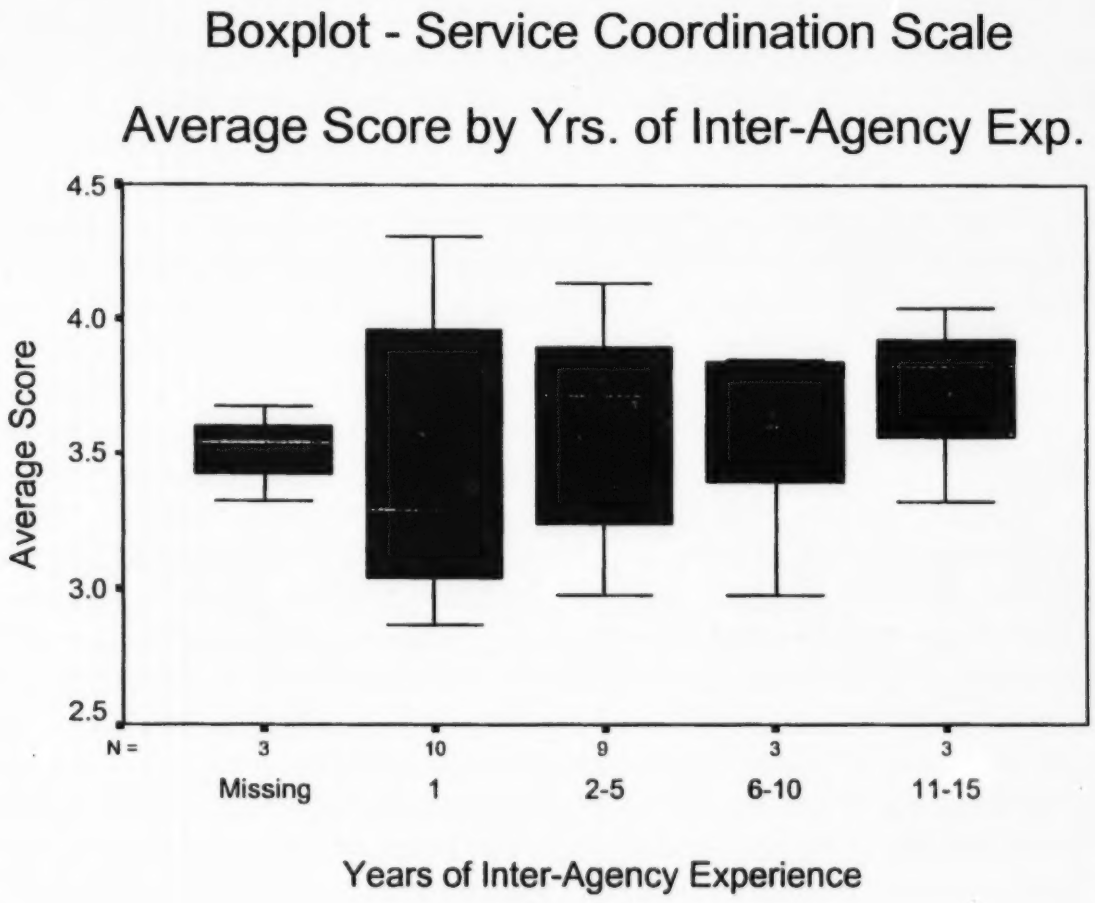
Average Scores by category and length of experience (years of human service experience, years of Intra-Team experience and years of Inter-Agency Experience)

Human Service Experience

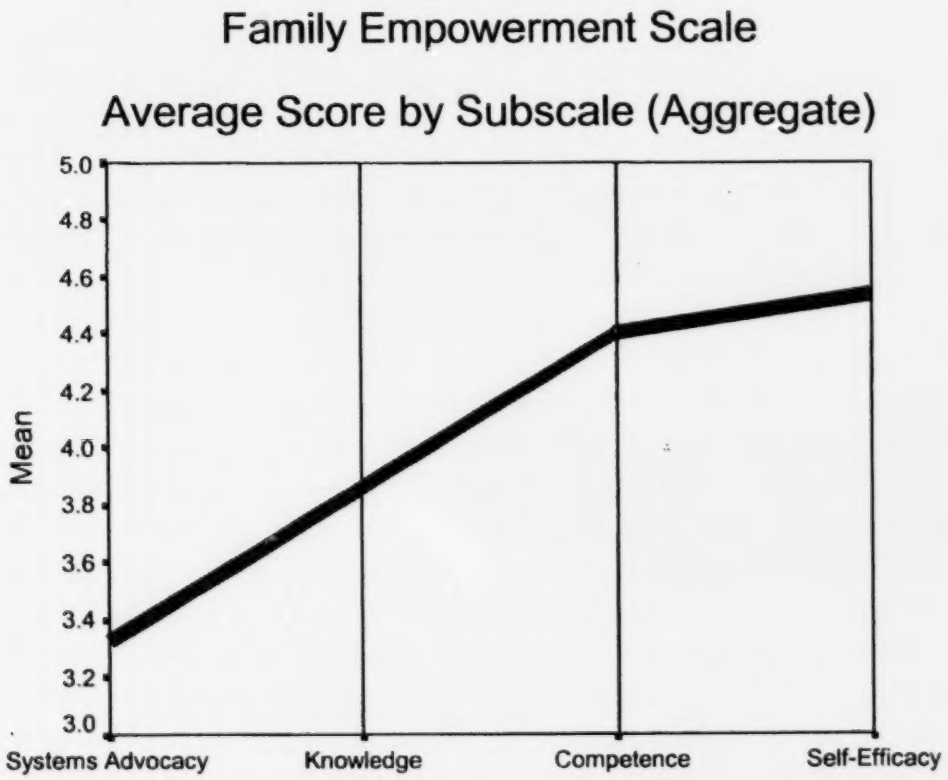


Intra-Team Experience




Boxplot - Service Coordination Scale
Average Score by Yrs. of Inter-Agency Exp.
Average Score
4.5
4.0
3.5
3.0
2.5
N =
3
10
9
3
3
Missing
1
2-5
6-10
11-15
Years of Inter-Agency Experience

Family Empowerment Scale
Interagency Planning and Support Project
7/3/01



Family Empowerment Scale
Interagency Planning and Support Project
7/3/01

Date:_____ **Person: W0010**

Factor(s)

Systems Advocacy	*Knowledge*	*Competence*	*Self - Efficacy*
3	5	2	1
8	6	4	13
14	7	21	18
15	9	27	19
17	10	29	26
20	11	31	28
22	12	33	
25	16	34	
32	23		
	24		
	30		

Mean Raw Score Total

3.22	3.91	4.38	4.67

APPENDIX D

Policy Documents

And Other Project Materials

Nell – I haven't heard back from Larry yet and wondered how the proposed language below sounded to you both. We are getting ready to implement in January and wanted to reprint all the CSPs with the appropriate language during December.

- **Also, we would greatly appreciate your taking a moment, as your hectic departure approaches, to review the revised CSP that we FAXed to your office. We believe we have covered our IDEA97 bases, but wanted to make sure with you.**

Thanks so much for all your help on this project. And enjoy your retirement!!!

From: Salisbury, Christine
Sent: Tuesday, November 16, 1999 10:02 AM
To: Debbie Marlowe (E-mail); Wayne Crawford (E-mail)
Cc: 'larry_ringer@ed.gov'; 'nell_eano@ed.gov'
Subject: Nell Eano phone call

Importance: High

Larry Ringer led the call and is with legal in Compliance and Monitoring. He clarified the restrictions of FERPA as it relates to educational vs. non-educational agencies. He also clarified issues of secondary disclosure of information. Parents must retain control over the release of information to agencies/individuals and that is where re-disclosure and blanket releases become problemmatic. However, most importantly, both he and Nell were supportive of what we are trying to achieve and he recommended some wording to help address the legal requirements that both felt should be acceptable to DESE. Tentative wording is provided below:

Procedurally for us— when the CSP is developed, **those who comprise the child's team, including the parent**, should sign the document on the release page where the following (tentative) statement would be:

"All organizations and individuals signing below agree not to share information pertaining to the development and implementation of the Collaborative Support Plan with any other agency or individual without the informed, written consent of this child's parent or legal guardian. It is expressly understood that the parent or legal guardian may withdraw his/her consent for release of information to individuals or organizations at any time".

Larry— Does this language work for you?

Christine Salisbury, Ph.D.
Erikson Institute for Advanced Study in Child Development
420 North Wabash Avenue
Chicago, IL 60611
O: (312) 755-2250 ext. 2221
M: (630) 660-7940
F: (312) 755-2255
E: csalisbury@erikson.edu

From: "Eano, Nell" <Nell_Eano@ed.gov>
To: ASRI.NRC(SALISBUR)
Date: 4/5/99 3:25pm
Subject: Collaborative Support Plan

Hi Chris,

Again, congratulations on a worthy effort! I have tried to provide a detailed review of the CSP itself-- can't guarantee that I've caught everything, but hope the recommendations that follow below are helpful. I will be happy to clarify and/or provide assistance as needed.

I know that the FERPA issue is one of the most important. I have sent the information to be reviewed by the OSEP policy team, and will give you their response on that as soon as it is available. Unfortunately, some of the key players on the policy team are very tied up now with the regs just out, but I have let them know that we would appreciate an answer as soon as possible.

My thoughts on ways to improve the CSP form to more closely align with current IEP requirements follow below. Having knowledgeable participants in the CSP meetings will be a key factor, as you are aware. I would certainly urge ongoing review of the form and process, with revisions when they are needed, which appears to be what you and Independence are doing. DESE staff also are a great source of technical assistance and compliance review.

Suggested Revisions to the CSP:

Include emotionally disturbed in the list under "Select Disability" since it is a Federal category; also include developmentally delayed.

Include a box for Special Education Services - at present there does not seem to be a box for the instruction a child receives in a special education resource room, or a self-contained setting, or from a special education teacher team teaching in a collaborative classroom, or elsewhere.

Include a box for Access to the General Curriculum- this is a separate issue from education in the regular class -- access to the general curriculum must be provided to students who are in separate special education classes, as well as those who receiving instruction with their nondisabled peers in regular education.

More information to guide appropriate planning for both transition to preschool, and post-school transition would be helpful.

In the box "Select Related Service" some, but not all of the related services defined in the IDEA regulations are included. If you are going to list related services (and it's a good idea!) it would be best to give an inclusive list from the regs, and to add "and other services as necessary for the child to benefit from special education." The following services from the regs appear to be omitted from your list: speeech-language pathology, audiological services, recreation, early identification and assessment of disabilities, counseling services, orientation and mobility, medical services for diagnostic and evaluation purposes.

In the box "Select Dismissal" you have listed "No progress". This is not a legal reason for dismissing a person from special education --it is a reason to increase and change services, not drop them.

On the signature page for CSP Team Members, the list of partcipants

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under *Role (at the bottom of the page) omits the parent and the representative of the local education agency(LEA). (Sometimes the principal serves as LEA representative, often other individuals serve in that role.) Because parents and LEA representatives are mandated members of every IEP team, it would provide clarity to include them in the list. In addition, the student, when aged 14 and over, is a mandated member of the team and so "student" should be listed as well.

The placement decision wording is troublesome, both in the example and in the boilerplate. The examples include wording that would indicate individualized instructive and adaptive equipment materials are to be provided. Not all students require both of those. Conversely, some students may appropriately receive all of their special education in a separate setting, and that does not seem to be reflected. Also, the words "due to the diagnosed disabling condition" appear as a reason for the placement/services. Placement decisions are not to be made based on the disabling condition, but upon the needs and circumstances of the particular child being considered. Also, you may wish to generate wording that describes the other options considered by the team, and the reasons they were rejected. With the addition of this information, the district could use the IEP as the legally required notice to the parent for a change of placement, and a separate notice would not have to be generated and sent.

Add a box for nonacademic services, as well as extracurricular services.

Add a box for Special Considerations -- now required as part of IEP team deliberations.

Add a box for transfer of rights -- also required as part of IEP team deliberations for students one year before their 18th birthday.

Clarify whether the team has determined that a child needs ESY, and, if so, include all of the elements -- specific amount and kind of services, location, goals and objectives, etc.

Also, the whole area of Part C services for infants and toddlers aged birth to 3 needs to be addressed. Because there is so much interagency involvement possible in a Part C child's pattern of services, the CSP is an ideal vehicle. Could an intact Part C section be included, and could people be directed to use the Part C section for infants and toddlers and the Part B section for children 3 and older? As it stands now, IFSP elements such as early intervention services, natural environments, criteria for measuring progress, other services needed but not required, outcomes and procedures for evaluation, service coordination and frequency of early intervention services are not included, options for disability appear only to be applicable to Part B, and certain justifications Missouri requires for early intervention services need to be included. Paula Goff and her staff are really on the cutting edge of Part C concerns and could no doubt provide good TA on this section.

A note on "location": I noticed in the sample CSP you sent that location was Blackburn Elementary School. Location, in the IDEA, refers to the setting within the school in which services are being provided, for example - regular class, SE Resource room, pull-out with itinerant teacher, etc.

Chris, I hope these thoughts are helpful. The changes I've suggested are not mere technicalities, but can make a real difference in team deliberations about children. Just as an example, many IEP teams do not seem to realize that psychological counseling is a related service that must be provided through the IEP if the student needs it to benfit from special education. Leaving it out of the list of related

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services can only encourage that impression. Including it, is another source of training/ reminder for IEP teams.

Again, please call me if you have questions, or if I can help. I will let you know as soon as I have word on the FERPA issue.

Nell

03/08/2001 10:57 FAX 004

Independence School District
Collaborative Support Plan
Procedures Guide:
Special Education
2000 / 2001

Collaborative Support Plan

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Interagency Planning and Support Project

Preparation of this document was supported by a Grant from the U.S. Department of Education, Office of Special Education Programs (HO24B70021) to Allegheny University of the Health Sciences. The opinions expressed herein do not represent those of the U.S. Department of Education and no official endorsement should be inferred.

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4 The CSP Technology System Evaluation Process

5 Appendix A - G

2000-2001

INDEPENDENCE
ACCREDITED WITH
DISTINCTION
SCHOOL DISTRICT

Collaborative Support Plan

Independence School District

1231 S. Windsor
Independence, MO
64055
521-2700

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PREFACE

"I don't think they play at all fairly," Alice began in rather a complaining tone, " and they all quarrel so dreadfully one can't hear oneself speak - and they don't seem to have any rules in particular; at least, if there are, nobody attends to them. You've no idea how confusing it is .....

.....Lewis Carroll

This document was created to describe a process for developing and delivering comprehensive, integrated educational and human services supports to children and their families at the local level. The **Collaborative Support Plan (CSP)** represents the integration of separate, mandated program planning documents from different partner agencies into a single, unified document that meets the preponderance of regulatory requirements among all the partner agencies. It is our expectation that children, families, and agencies will benefit from improved coordination, communication, and collaboration among those involved in supporting children with disabilities and their families.

The development and validation of the CSP is supported by a grant #HO24B70021, from the U.S. Department of Education, Office of Special Education Programs to Allegheny University of the Health Sciences, Pittsburgh, PA. The model and process are being developed by the Independence School District, with the involvement and support of parents and the following state and local agencies: Department of Mental Health - Division of Comprehensive Psychiatric Services and Division of Mental Retardation and Developmental Disabilities; Department of Elementary and Secondary Education; Department of Health; Division of Family Services; Department of Labor; Department of Juvenile Justice; Department of Social Services; Division of Vocational Rehabilitation; and Jackson County Board of Services. The technology system was developed by Mighty Data, Kirk Bowman, CEO. Without the foresight and support of these individuals and their organizations, the elimination of barriers to the development of a single document would not have been possible.

This Guide has been developed as a resource for individuals involved with the implementation of the CSP model. Any expansions and/or modifications of the process or training should be referred to the following addresses to maintain the integrity of the approach and consistency of its application:

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Missouri's Vision for Special Education Services

We, the people of Missouri, believe that diversity enhances our culture; therefore, we commit our resources and efforts to accept, educate, and support all children and youth. All children and youth, being of diverse backgrounds and abilities, will have access to all learning activities with accommodations and supports to enable them to succeed. All children and youth are actively engaged in creating their own futures and are prepared for life as independent, informed, and empowered citizens; and, are embraced as vital, valued and contributing members of their communities.

Therefore, we need inclusive communities and schools that:

- *Recognize that all children and youth can learn*
- *Commit to providing equitable opportunities for all children and youth*
- *Build on the individual strengths and abilities of each child and youth*
- *Collaborate for the benefit of all children and youth*
- *Recognize and involve families as full partners*

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PART 1

INTRODUCTORY COMMENTS

This guide is designed to assist you in using the Collaborative Support Plan (CSP) and implementing the Individuals with Disabilities Act (IDEA), 1997. The guide provides information about the issues and the logistics of an approach to integrated planning and delivery of service and supports to children and their families. You will find this guide useful as a tool to help you through this process and as a resource over time.

The guide is designed for all participants involved with the CSP process. Participants may include families, individuals supporting the families, collaborating professionals from diverse disciplines, administrators, supervisors, and support staff. **As an important member of this process,** you should understand the underlying concepts and the planning process fully, and be familiar with key issues and practices involved in collaborative service and support planning and delivery.

This guide begins with a brief rationale for integrated services which is followed by a series of separate content sections that convey essential information related to this new approach. A side-by-side format is used in each content section of this Guide to explain purposes, convey key points, provide examples and makes space available for you to add your own notes.

Specific Special Education forms are provided as described in the Independence School District compliance plan. These forms should be used for the process of eligibility determination for Individuals with Disabilities Education Act. Sections of this guide are as follows:

- Part 1 Introduction / Conceptual Background
- Part 2 CSP Document
- Part 3 Planning and Service Delivery Process
- Part 4 Technology Systems
- Part 5 References, Resources and Appendices

The Independence School District Board of Education has approved policy statements regarding students with disabilities.

It is expected that you familiarize yourself with these policies and implement these guidelines.

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